



CHUBB GROUP OF INSURANCE COMPANIES

COASTAL EXPOSURE HOMEOWNERS

Insured & Producer Information

Insured Name: _____
Mailing Address: _____

Insured Location: _____
City: _____ State: _____
Zip: _____ County: _____

Agency Name: _____
Producer Code: _____
Date quote needed by: _____
Insured Occupation: _____
Effective Date: _____
Current Carrier: _____ Premium \$ _____

Protection Information

Distance to Fire Hydrant: _____ Fire Station: _____ Fire Dept: Paid _____ Volunteer _____
Fire Response Time: _____ Minutes (PC 9 & 10 only) Distance to nearest water source: _____
Type of water source: _____ Dry Hydrant Y / N if yes, gallons: _____
Sprinkler System: Full _____ Partial _____ None _____ ISO PC: _____
Designated Brush Area Y / N Designated Landslide Area Y / N Back-up Generator: Y / N
Central Alarm: Fire Y / N Cellular or Radio Backup Y / N
Burglar Y / N Cellular or Radio Backup Y / N

Limits of Policy

Dwelling: \$ _____
Other Structures \$ _____
Personal Property \$ _____
Loss of use / Rental \$ _____
Personal Liability \$ _____

Optional Coverages

Replacement Cost on Contents: Y / N
Liability & Med Pay: Y / N
Earthquake Coverage Y / N
Earthquake Zone: _____

Flood

Flood Zone: _____ NFIP policy in place: Y / N Coverage Amount on Building: \$ _____
Is Excess Flood coverage needed: Y / N if yes, please submit a completed XS Flood Form

Deductibles (subject to Company guidelines)

Requested Deductible: _____ All other Perils: \$ _____ Wind: _____% EQ: _____%
Eligible for Wind Pool: Y / N Exclude Wind Y / N Wind Deductible buyback: Y / N _____%

Property Information

Occupancy: Primary _____ Secondary / Seasonal _____ Rental _____
Is the home occupied daily: Y / N If the home is rented: # of weeks _____ Under Lease Y / N
Is the home visible to neighbors: Y / N Home up for sale: Y / N

Property Information (continued)

Caretaker / Property Manager: Y / N Resident Paid: Y / N If no, how often is home checked on: _____

Mortgage: Y / N Gated Community: Y / N Patrolled: Y / N

Building undergoing any renovation: Y / N If yes, expected completion date: _____

Frame _____ Joisted Masonry/Metal _____ Masonry Non-Combustible _____ Fire Resistive _____

Number of Families _____ Number of Stories _____

Type of Foundation

Concrete Slab _____ Concrete / Blocks _____ Pilings / Stilts _____

Basement: Full _____ Partial _____

Year Built: _____ Year Purchased: _____ Type of Roof: _____

Age of Roof: _____ Square Footage: _____

Distance to Ocean / Bay / Gulf _____ Feet _____ Miles

Elevation above Sea Level _____ Feet Hurricane Straps: Y / N

Storm Shutters: Y / N Portion of house: _____% Type of Shutters: _____

Update Information – (Required if home is more than 25 years old, 20 years for roof)

Type	Full Update	Partial Update	Year Completed
Wiring	_____	_____	_____
Plumbing	_____	_____	_____
Heating	_____	_____	_____
Roof	_____	_____	_____

Additional Exposures (if yes, comment in remark section)

Animals on the premises: Y / N Type: _____

Swimming pool on premises: Y / N Fenced / Screened: Y / N Other: _____

Any business conducted on premises: Y / N

List other Structures & Values on the Premises: _____

Remarks: _____

Renewal / Loss Information – Three year

Is current Carrier Non-Renewing: Y / N if yes, why: _____

Date of Loss	Type of Loss	Cause	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____

This application must be accompanied by a completed Signature Client Fact Sheet

Fax number: 908-572-4066