



CHUBB GROUP OF INSURANCE COMPANIES

Signature Client Fact Sheet

1. Name of Applicant _____
Primary Location: _____
PLD Client Since _____ Total PLD Premium: \$ _____
Primary Chubb Policy Number _____
 2. Personal History: (If retired please complete with previous occupation)
Insured's Occupation/Title Held: _____
Name and Address of Employer: _____
Nature of Business: _____
Social Security Number: _____ DOB: _____ Net Worth: _____
 3. Needs: _____ Unprotected Dwelling _____ Family Office _____ Workers Comp _____ XS Flood
_____ Commercial Coverage _____ Trust Liability _____ Kidnap/Ransom _____ EPLI
_____ Incidental Office _____ Coastal Home _____ Event Coverage _____ XS Wind
_____ Other _____
 4. Contact Name _____ Producer Number _____
Producer's name and address: _____

 5. Is there any other information which should be disclosed to the underwriter? _____

 6. What will it take to sell the account: _____

 7. Was submitted line of business discussed with anyone at WPL? Y / N Indicate person _____
Was submitted line of business declined by anyone at WPL? Y / N Indicate person _____
- Submitted by: _____ Date: _____
Phone: _____ Branch/Fax: _____

This form must be filled out completely and accompany every submission

Fax number 908-572-4066