

Hugh Wood Inc.
Personal Client Services
Homeowner and Valuable Articles



General Information

Named Insured: Deeded owners of the property
(If the residence is in an LLC, Trust, or Corp. please specify)

Mailing Address (if difference from property address):

Date of Birth (for all household members):

Occupation (for all household members):

Any home losses within the last 5 years (please provide details):

Current Insurance Carrier: When does your current policy renew:

Is your policy being non-renewed Yes No

If yes, why?

Property Information

Premises Address:

Is this your primary residence? Yes No Is the home rented to others? Yes No

Year Built: Construction Type (Brick, frame masonry, etc):

Number of stories (not including basement):

Is the home equipped with a central station burglar and fire alarm Yes No

Is the home in a gated community Yes No

Is your home equipped with any of the following: Signal Continuity, Low Temperature monitor, water flow alarm, monitor heat sensors, back-up generator, sprinklers or 24 hour doorman building?

Is the home within 1,000 feet of a fire hydrant Yes No

Is the home within 5 miles of a fire station Yes No Square Footage:

Roof Type: Foundation Type (basement, slab, crawl space):

Is the home shuttered (applicable for costal properties) Yes No

Is the home retrofitted (applicable for CA home only) Yes No

List other structures on the property not attached to the home:

Insurance Coverage

Dwelling Replacement Limit (private home): Additions & Alterations (condo/co-op):
Personal Property Limit: Personal Liability Limit:
Policy Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000
Would you like additional mold coverage: 10% 25% 50% 100%
Earthquake coverage: Yes No
Sinkhole coverage: Yes No
Are you interested in a separate flood quotation? Yes No
Is there a mortgagee on the property Yes No
If yes, please provide details
Do you have a dog Yes No
If yes, what breed

Valuable Articles

Please indicate if requesting blanket or itemized coverage. If coverage is to be itemized, please attach an itemized schedule.

Itemized Blanket

Total Value

Jewelry: Fine Art: Silverware:
Furs: Musical Instruments: Other Collectibles

Please provide details if "other collectibles"

Amount of highest value item Fine Art: Amount of highest value item Jewelry:

When were the items last appraised?

Any valuable articles losses in the last five years Yes No

If yes, please provide details

Additional Remarks:

Signature:

Date: