

HIGH VALUE HOMEOWNER INSURANCE APPLICATION

CLIENT INFORMATION

Name:	Home phone:
Billing Address:	Cell:
City, State, Zip:	Work phone:
County:	Fax:
Location Address:	Email:
City, State, Zip:	Email:
County:	Dates of birth: (h) _____ (w) _____
Social Security # (h):	Social Security # (w):
Industry/job title (h):	Industry/job title (w):
Children & ages:	Referred by:

DWELLING INFORMATION

Date built:	Date purchased:	Construction: Frame <input type="checkbox"/> Brick <input type="checkbox"/> Masonry <input type="checkbox"/>
Home style: Colonial <input type="checkbox"/> Contemporary <input type="checkbox"/> Tudor <input type="checkbox"/> Ranch <input type="checkbox"/> Manufactured <input type="checkbox"/> Row House <input type="checkbox"/> Townhouse <input type="checkbox"/>		
Usage (circle one): primary secondary	Full square footage: _____	# fireplaces: _____
1 family? <input type="checkbox"/> 2 family? <input type="checkbox"/> 3 family? <input type="checkbox"/> 4 family? <input type="checkbox"/>	Garage: Attached <input type="checkbox"/> Detached <input type="checkbox"/> (sq ft: _____ # cars: _____)	
Special structures: Shed <input type="checkbox"/> (sq ft: _____ construction: _____) Deck <input type="checkbox"/> (sq ft: _____ construction: _____) Farm building <input type="checkbox"/> (sq ft: _____ construction: _____) Porch <input type="checkbox"/> (sq ft: _____ construction: _____)		
Year of building updates: HVAC _____ Roof _____ Plumbing _____ Electric _____		
Basement? <input type="checkbox"/> Crawlspace? <input type="checkbox"/> Slab Foundation? <input type="checkbox"/> Pilings? <input type="checkbox"/> Stilts? <input type="checkbox"/> Strapping? <input type="checkbox"/> Storm Shutters? <input type="checkbox"/> Percent basement finished? _____		
Siding type:	Roof type:	Heat type: _____ # of stories: _____
Is home vacant, unoccupied or for sale? Yes <input type="checkbox"/> No <input type="checkbox"/>		Total # of residence employees _____ # living in _____
Number of full baths: Builder grade _____ Custom _____ Designer _____		
Number of half baths: Builder grade _____ Custom _____ Designer _____		
Number of kitchens: Builder grade _____ Custom _____ Designer _____		
Does the exterior of your home contain a product known as "synthetic stucco" (EIFS)? Yes <input type="checkbox"/> No <input type="checkbox"/>		

RATING INFORMATION

Replacement cost of dwelling: \$ _____	Replacement cost of contents: \$ _____
Hydrant within 1000 feet? Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire station within 5 miles? Yes <input type="checkbox"/> No <input type="checkbox"/>
Neighborhood water tank? Yes <input type="checkbox"/> No <input type="checkbox"/>	Stream/creek on property? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other water source? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe: _____	
Swimming pool? Yes <input type="checkbox"/> No <input type="checkbox"/> in ground <input type="checkbox"/> above ground <input type="checkbox"/> child fence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business in your home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe: _____	
Trampoline? Yes <input type="checkbox"/> No <input type="checkbox"/>	Animal that has bitten or injured on premises? Yes <input type="checkbox"/> No <input type="checkbox"/>

DISCOUNT INFORMATION			
Burglar alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, central off-site monitoring?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, central off-site monitoring?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke detectors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, hard wire connection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinkler system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, central off-site monitoring?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire extinguisher(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Full time caretaker?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire escape ladder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Seismic shut-off valve?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24 hour security/patrol?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temperature monitoring system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lightning protection system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas leak detectors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24 hour signal continuity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Back-up power generator?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you part of a homeowners association?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gated community?	Yes <input type="checkbox"/> No <input type="checkbox"/>
SPECIAL COVERAGE INFORMATION			
Jewelry	Describe:	Value: \$	
Furs	Describe:	Value: \$	
Guns	Describe:	Value: \$	
Fine arts	Describe:	Value: \$	
Silverware	Describe:	Value: \$	
Cameras	Describe:	Value: \$	
Coin collection	Describe:	Value: \$	
Musical instruments	Describe:	Value: \$	
Wine collection	Describe:	Value: \$	
Sports memorabilia	Describe:	Value: \$	
Other collectibles	Describe:	Value: \$	
Do you have a home safe?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have jewelry in a bank vault?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
SPECIAL PROPERTY INFORMATION			
Timeshare	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
ATV	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Snowmobile	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Jet ski	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Boat/yacht	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Airplane	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Motorcycle	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Vacation home	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Mobile home	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Camper trailer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Vehicle trailer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Classic/exotic/street rod/race car	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Car club membership	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Do you participate in "on track" auto events?			

MORTGAGE INFORMATION		
Name/address(es) of mortgage company(ies):		
(1 st)	(2 nd)	
(2 nd)		
Amount \$	Bill payor Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount \$
LOSS INFORMATION		
Any losses in the past five years (whether claimed or not)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain, including dates and amounts paid out (if any):		
FLOOD AND EARTHQUAKE INSURANCE OPTION		
Your policy does not automatically include Flood and Earthquake Insurance. Do you wish to receive a quote for Flood and/or Earthquake Insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>
UMBRELLA INSURANCE OPTION		
Your policy does not automatically include an umbrella. Please select the umbrella level(s) you would like to have quoted for you:		
\$1,000,000	\$2,000,000	\$3,000,000
		\$5,000,000
Higher		

In connection with this application for insurance, the insurer may review your credit report or obtain or use a credit based insurance score based on the information contained in that report. The insurer may use a third party in connection with the development of your insurance score.

Signature _____

Date _____

Please return completed form to:

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 4 Walter E. Foran Boulevard, Suite 105 • Flemington, NJ 08822
 908-806-8844 p • 908-806-2095 f
 insure@anthonycompany.com