Homeowners & Personal Lines

Please note that our **Bigfoot Platform** provides an instant indication once you provide the requisite information into the portal (not this form). This is simply to make client visit/call easier as you get to know the risk. Rates are determined by the answers provided and additional information may be requested in the **Comments** once you submit the following answers online. Supporting documentation must be provided in the **Attachments** section.

Contact us: 855-900-2960 ext. 4

Type of coverage:		Effective Date:	
□ Homes, Dwellings, Condos,	and Rentals	Is this a new purchase? Yes/No	
 Personal Article Floater 		If yes, purchase price:	
Excess & Umbrella		Date of Purchase:	
 Disaster (Flood, Earthquake 	, Landslide)		
Other:	·		
Name to Appear on Policy:		· · · · · · · · · · · · · · · · · · ·	
Property Address:			
City:	State: _	Zip Code:	
Mailing Address:			
City:	State: _	Zip Code:	
Owner First Name:		Last:	
Phone:		Email:	
Additional Insured First Name: _		Last:	
Phone:		Email:	
Use for Home:	If course	e of construction, cost of renovation:	
Options: Primary, Secondary/Vacation Form of Coverage (Circle one): H			
Why was/is it declined from admi			
winy washs it declined from admi	itteu market: i ie	ase explain.	
Coverages & Limits			
	C	overage B (Separate Structures):	
	C	coverage D (Loss of Use):	
Medical (Choose one): Exclude/\$1,000/\$5,000			
Sewer/Drain (\$50 year): Yes/Rejec	ct E	xtended Replacement? (\$50 year): Yes/Reject	
Rating Questions (Many answers			
Architectural Style:		Construction Quality:	
Home Construction/Materials:		Physical Shape:	_
Foundation:		Primary Exterior:	_
Distance to Fire Hydrant: (f	oot) Distance to	Fire Station:(miles) Protection class:	
Slope of Site:	-	:(square feet) Lot size:(acres	
-			-
		Year Roof Replaced/Repaired:	_
		Exclude Roof from Policy? Yes/No	
Electric Wiring:		Year of Update (YYYY):	
Installed or inspected in th	•	•	
Heating System:		Year of Update (YYYY):	

Installed or inspected in the last 5 years? Yes/N	Replaced in the last 20 years? Yes/No	
Plumbing Materials:	Year of Update (YYYY):	
Installed or inspected in the last 5 years? Yes/N	Replaced in the last 20 years? Yes/No Alarm: None/Fire/Burglar/Both	
Interior Sprinkler: None/Partial/Full		
Number of People Living at the Location or if Rental Ma	ax Occupancy:	
Year home was originally built:	Square footage:	
Type of Building: Single family, Duplex, Triplex, Fourplex	Number of Stories:	
Exclusions - Please note that we do not have robust mark & tube wiring, or portable space heaters. Please check YES		
☐ Mobile or tiny home	□ Swimming pool	
□ Polybutylene plumbing	Fenced? Yes/No	
☐ Knob & tube wiring	 Slide or diving board? Yes/No 	
 Portable space heaters as primary heat 	☐ Employees residing on property (# of	
□ Woodstove on premises or primary heat	employees)	
☐ Is on 200+ acres of farmland	Any indictments for crimesAny liens within the last 5 years	
☐ Animals on premises○ Types/Breeds:	 Any foreclosures within the last 5 years 	
o Types/Breeds.o Bite History? Yes/No	□ Any repossessions within the last 5	
Dog Bite Liability? Yes/No	years	
□ Daycare at the home (max 5 kids)	Experienced bankruptcy within the last !	
□ Dwelling on National Registry	years	
☐ Lakes/ponds on property	Businesses operating from homeExplain:	
Claims History: ☐ Yes ☐ No Claims in the p	east 3 years ☐ More than 4 claims	
1. Date of occurrence:	Still open? Yes/No	
Cause of Loss:	Amount Paid Out:	
What preventative measures have been taken to	prevent future loss pertaining to claim?	
2. Date of occurrence:	Still open? Yes/No	
Cause of Loss:	Amount Paid Out:	
What preventative measures have been taken to	prevent future loss pertaining to claim?	
3. Date of occurrence:	Still open? Yes/No	
Cause of Loss:	Amount Paid Out:	
What preventative measures have been taken to	prevent future loss pertaining to claim?	

Payments - Check your quote packet for financing and electronic payment options.

<u>Inspections</u> – All policies bound in this program will require an inspection post-bind.