Applied Risk Services, Inc. Insurance Quote Request Form

Send this completed form and any supplemental forms to:
plnewbusiness@asbagent.com

Submitting Agent

1. Retail Agent: _____
2. Agency Name: _____

Applicant Information

1. Insured's Name(s): _____
2. Insured's DOB(s): _____
3. Insured's Occupation(s): _____
4. Contact Information: Phone: _____ (Type: _____) Email: _____

Risk Information

1. Risk Address: _____
2. Mailing Address (if different): _____
3. Purchase Date: _____
4. Occupancy: ☐ Primary ☐ Secondary ☐ Seasonal* - *click here for required supplemental
5. Residence Type: ☐ Single Family Dwelling ☐ Multi Family Dwelling (# of families ____)
6. Construction Type: ☐ Frame ☐ Masonry ☐ Concrete ☐ Steel
7. Roof Shape: ☐ Gable ☐ Hip ☐ Flat ☐ Mansard ☐ Other: _____
8. Roof Covering: ☐ Comp/Asphalt ☐ Tile ☐ Metal ☐ Wood Shake ☐ Other: _____
9. Year Built: _____
10. Square Footage: _____
11. Architectural Style: _____

Homes over 30 years:
- click here for required supplemental
- Water Damage will be excluded unless proof of full plumbing update w/in 30 years is provided

12. Year Home Systems were Updated: Plumbing: _____ Electrical: _____ Heating: _____ Roof: _____
13. Protection Class: _____ If PC 8b or PC 9, click here for required supplemental (PC 10 ineligible)
14. Miles to Fire Dept: _____
15. Wood Stove: ☐ Yes ☐ No If yes, click here for required supplemental
16. Log Home: ☐ Yes ☐ No

Protective Devices

☐ Central Station Fire Alarm ☐ Central Station Burglar Alarm ☐ Smoke Detector ☐ Deadbolt

☐ Fire Extinguishers ☐ Gated Community ☐ Fire Dept. Override for Electronic Gate

☐ Sprinkler System ☐ Water Leak Detection/Shut-off (with flow alarm? _____)

Wildfire Questions

Answer Yes or No for each of the following:

1. Exterior sprinklers (does not include yard sprinklers):	◯ Yes	◯ No
2. Fire Resistive:	◯ Yes	◯ No
3. Ember resistance venting:	◯ Yes	◯ No
4. Enclosed eaves:	◯ Yes	◯ No
5. Annual brush removal contract:	◯ Yes	◯ No
6. Permanently installed wildfire spray system:	◯ Yes	◯ No
7. Monitored heat sensors:	◯ Yes	◯ No
8. Combustible deck or attached structure:	◯ Yes	◯ No
9. Combustible wood siding:	◯ Yes	◯ No
10. Firewood stored within 30 feet of the home:	◯ Yes	◯ No
11. Propane tank within 10 feet of the home:	◯ Yes	◯ No
12. Wildfire Building Code Discount:	◯ Yes	◯ No
13. Firewise Community Credit:	◯ Yes	◯ No
14. Indefensible due to HOA/Community regulations or requirements:	◯ Yes	◯ No

Loss History

Please add any prior claims for the insured or location including the date of loss, type of loss, amount paid, status, and any mitigation steps taken to prevent future losses:

Underwriting Questions

1. Is the home on a Historic Registry or in a Historic District? ◯ Yes ◯ No
    a. Are there Public Tours or Foot Traffic? ◯ Yes ◯ No
2. Is this a Manufactured or Mobile Home? ◯ Yes ◯ No
    a. Was the home built before 2000? ◯ Yes ◯ No
    b. Is the home a mobile home? ◯ Yes ◯ No
3. Are there any dogs, farm animals or exotic pets on premise? ◯ Yes ◯ No
    a. If so, what kind and/or breed? _____
    b. Complete Dog Questionnaire if dogs on premise: click here for required supplemental
4. Is there a Skateboard Ramp on premise? ◯ Yes ◯ No
5. Is there a Swimming Pool on premise? ◯ Yes ◯ No
    a. Is the Pool or Property Fenced with a locked gate? ◯ Yes ◯ No
    b. Is there a Diving Board and/or Slide? ◯ Yes ◯ No
6. Is there a Home Day Care on premise? ◯ Yes ◯ No
    a. How many children? _____
    b. Complete Day Care Questionnaire: click here for required supplemental
7. Is any part of the home on knob & tube wiring? ◯ Yes ◯ No
    a. What percentage of the home? _____
8. Is the home vacant? ◯ Yes ◯ No
9. Are any of your Additional Insureds an LLC or LP? ◯ Yes ◯ No
    a. Are commercial entities contained? ◯ Yes ◯ No
    b. Is the LLC or LP for personal asset management only? ◯ Yes ◯ No
10. Are any of your Additional Insureds a Trust? ◯ Yes ◯ No
    a. Are commercial entities contained? ◯ Yes ◯ No
    b. Is the Trust for personal asset management only? ◯ Yes ◯ No
    c. Is the Residence Held in a Trust? ◯ Yes ◯ No

If yes to questions 9 or 10, complete the Trust/LLC Questionnaire: click here for required supplemental

Current/Prior Insurance

1. Prior Carrier: _____ Exp Date: _____ Policy #: _____
2. Is coverage being cancelled or non-renewed? ☐ Yes ☐ No
   a. If so, what is the reason & effective date? _____

Coverages Requested

Dwelling Limit: _____

Other Structures Limit: _____

Personal Property Limit: _____

Loss of Use Limit: _____

Personal Liability Limit: _____

Medical Payments to Others Limit: _____

Deductible: _____

Optional Coverages

Please note, the Optional Coverage Limits listed below may not be available based on the specific details of the account. Additional coverage options may be available upon request.

Personal Injury: ☐ Yes

ID Fraud: ☐ Yes

Loss Assessment: ☐ Yes Limit Requested: _____

Ordinance or Law: ☐ 15% ☐ 20% ☐ 50%

Extended Replacement Cost: ☐ 50% ☐ 75% ☐ 100%

Other Structures Rented to Others: ☐ Yes* Description: _____ Limit: _____

*click here for required supplemental

Documentation

Please include recent photos of the home and property as well as any appraisal or inspection that you may have. This will ensure we get the best pricing and a higher likelihood of a bindable quote. Especially when a location is in a high wildfire area.

Documentation of any Protective Devices or other discounts will be required at binding.