



Coverage Review Questionnaire

For a comprehensive analysis of your current Personal Insurance, please fax the following items to (415) 781-8802:

1. **Completed Questionnaire** – please provide additional forms (HOMEOWNERS section) for each location.
2. **Copies of Your Policy Declarations** - Please include policy declarations for all applicable policies (Home/Renters/Condo/Rental Property, Automobile, Umbrella, Earthquake, and Valuables/Collections). These documents provide policy coverage amounts/limits, VINs, deductibles, etc.

1. Contact Information:

Name					
Mailing Address					
Home Phone		Work		Cell	
Email		Spouse/Partner Email			
Occupation		Spouse/Partner Occupation			

2. Account Information:

Please indicate the applicable number of exposures and any additional information below.

[] Properties in the U.S.	[] Autos	[] Motorcycles	[] Non-Profit Board Positions
[] Properties outside of the U.S.	[] Watercraft	[] Aircraft	

Remarks: _____

3. Loss Information:

Please list all losses relating to property, liability, home, auto, motorcycle, watercraft, and any other claims for all household members over the last 5 years (10 years for major violations, i.e. DUI).

Date	[]	Details	[]	Name	[]
Date	[]	Details	[]	Name	[]
Date	[]	Details	[]	Name	[]
Date	[]	Details	[]	Name	[]
Date	[]	Details	[]	Name	[]

4. Driver Information:

Please list every driver in the household.

Name	Relationship	Date of Birth	Marital Status	Driver's License #
2. []	[]	[]	[]	[]
3. []	[]	[]	[]	[]
4. []	[]	[]	[]	[]
5. []	[]	[]	[]	[]
Are there any drivers listed above that <u>DO NOT</u> live at home with you?			[] Yes [] No	
If Yes, please list the driver/s and where they live. []				

5. Vehicle Information:

Year	Make	Model	Vehicle Description (Regular, Corporate, Classic, Motorcycle, Unregistered)	Annual Mileage	Garaged Zip
1. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Remarks (please note the current valuation for any unique, customized or exotic autos):					

6. Homeowner's Information:

Complete Section 8 on Page 3 for each additional location

Location Address (street, city, & zip):		[REDACTED]			
<input type="checkbox"/> Homeowners	<input type="checkbox"/> Condo	<input type="checkbox"/> Renters	<input type="checkbox"/> Rental Property	Total units [REDACTED]	
Is property vacant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you rent any part of this property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Area – Square feet		[REDACTED]	Distance to nearest fire station?		[REDACTED]
Year Built	[REDACTED]	Type of Foundation	[REDACTED]	Fire hydrant within 1,000 ft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Type	[REDACTED]	Swimming Pool/Spa?	[REDACTED]	Stories above ground	[REDACTED]
Interior Sprinklers?	[REDACTED]	Fire Alarm	[REDACTED]	Theft Alarm	[REDACTED]
Is the property protected by a private gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	24 hour security guard at gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gated Community?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Domestic employees working > 20 hrs/wk?		[REDACTED]
Any seismic upgrades and/ or is home bolted to foundation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Seismic Gas Shut-Off Valve?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Last major renovation date? [REDACTED]		Seismic Upgrade Date and Details:			
Renovation details: [REDACTED]		[REDACTED]			
Remarks:					

7. Collections & Valuable Personal Property:

Scheduled Items	Total Value	Estimated number of Items	Number of Pieces over \$10,000	Comments
Jewelry	\$ [REDACTED]	[REDACTED]	[REDACTED]	
Fine Art (Includes Antiques, Art, Prints, Sculptures, Rugs, China)	\$ [REDACTED]	[REDACTED]	[REDACTED]	
Silverware	\$ [REDACTED]	[REDACTED]	[REDACTED]	
Musical Instruments	\$ [REDACTED]	[REDACTED]	[REDACTED]	
Cameras	\$ [REDACTED]	[REDACTED]	[REDACTED]	
Wine	\$ [REDACTED]	[REDACTED]	[REDACTED]	Is wine stored in a climate controlled area?
Furs	\$ [REDACTED]	[REDACTED]	[REDACTED]	
Other Collectibles	\$ [REDACTED]	[REDACTED]	[REDACTED]	Please list collections type: [REDACTED]
Do you have appraisals for pieces > \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many pieces > \$100,000: [REDACTED]				
Other Remarks:				

**Complete this page only if you have more than one location (home, rental, condo, etc.).
Please use additional sheets if necessary.**

8a. Second Home / Rental / Condo Information: *Complete only for second location*

Location Address (street, city, & zip):		[REDACTED]			
<input type="checkbox"/> Homeowners	<input type="checkbox"/> Condo	<input type="checkbox"/> Renters	<input type="checkbox"/> Rental Property	Total units [REDACTED]	
Is property vacant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you rent any part of this property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Area – Square feet		[REDACTED]	Distance to nearest fire station?		[REDACTED]
Year Built	[REDACTED]	Type of Foundation	[REDACTED]	Fire hydrant within 1,000 ft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Type	[REDACTED]	Swimming Pool/Spa?	[REDACTED]	Stories above ground	[REDACTED]
Interior Sprinklers?	[REDACTED]	Fire Alarm	[REDACTED]	Theft Alarm	[REDACTED]
Is the property protected by a private gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	24 hour security guard at gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gated Community?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Domestic employees working > 20 hrs/wk?		[REDACTED]
Any seismic upgrades and/ or is home bolted to foundation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Seismic Gas Shut-Off Valve?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Last major renovation date? [REDACTED] Renovation details: [REDACTED] Remarks:			Seismic Upgrade Date and Details: [REDACTED]		

8b. Third Home / Rental / Condo Information: *Complete only for third location*

Location Address (street, city, & zip):		[REDACTED]			
<input type="checkbox"/> Homeowners	<input type="checkbox"/> Condo	<input type="checkbox"/> Renters	<input type="checkbox"/> Rental Property	Total units [REDACTED]	
Is property vacant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you rent any part of this property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Area – Square feet		[REDACTED]	Distance to nearest fire station?		[REDACTED]
Year Built	[REDACTED]	Type of Foundation	[REDACTED]	Fire hydrant within 1,000 ft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Type	[REDACTED]	Swimming Pool/Spa?	[REDACTED]	Stories above ground	[REDACTED]
Interior Sprinklers?	[REDACTED]	Fire Alarm	[REDACTED]	Theft Alarm	[REDACTED]
Is the property protected by a private gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	24 hour security guard at gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gated Community?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Domestic employees working > 20 hrs/wk?		[REDACTED]
Any seismic upgrades and/ or is home bolted to foundation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Seismic Gas Shut-Off Valve?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Last major renovation date? [REDACTED] Renovation details: [REDACTED] Remarks:			Seismic Upgrade Date and Details: [REDACTED]		

Fort Point Insurance Services, Inc.
 Three Embarcadero Center, Suite 560 • San Francisco, CA 94111
 Phone: (415) 781-8800 • Fax: (415) 781-8802 • email: info@fpins.com • License #OE11805
www.fpins.com