



## Coverage Review Questionnaire

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

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

### 1. Client Contact Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Spouse Email \_\_\_\_\_

Occupation (Mr.) \_\_\_\_\_ Occupation (Mrs.) \_\_\_\_\_

### 2. Account Information

Exposure Type	Total	Comments or Questions
Residences:		<i>Complete Section 7 on Page 3 for each additional location</i>
Rental properties:		<i>Complete Section 7 on Page 3 for each additional location</i>
Vehicles:		
Motorcycles:		
Unregistered vehicles:		
Other motor vehicles:		Describe:
Watercraft:		
Aircraft:		
Non-profit board positions:		
Remarks:		

### 3. Driver Information

*List every driver in the household (include multiple copies for additional drivers or cars).*

Name	Relationship	Date of Birth	Marital Status	Driver's License #
1.				
2.				
3.				
4.				
5.				
Are there any drivers listed above that <u>DO NOT</u> live at home with you?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list the driver/s and where they live.				

Please list all tickets and accidents for all drivers for past 5 years (10 years for major violations, i.e. DUI).

Explanation of ticket/accident:	Driver #		Date		Type	
Explanation of ticket/accident:	Driver #		Date		Type	
Remarks:						

#### 4. Vehicle Information

Year	Make	Model	Registration	Driver #	How Is Auto Used	Annual Mileage	Garaged Zip
1.							
2.							
3.							
4.							
Remarks (please note the current valuation for any unique, customized or exotic autos):							

#### 5. Homeowner's Information – Complete Section 7 on Page 3 for each additional location

Total Number of Homes, Rentals and Condos:					
<input type="checkbox"/> Homeowners	<input type="checkbox"/> Condo	<input type="checkbox"/> Renters	<input type="checkbox"/> Rental Property	How many units in structure?	
Location Address (street, city, & zip):					
Is property vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Built:		Last major renovation date?	
Living Area – Square feet		Interior Sprinklers?		Is garage attached to home?	
Roof Type		Swimming Pool/Spa?		Stories above ground	
Foundation		Fire Alarm		Theft Alarm	
Fire hydrant within 1,000 ft?				Distance to nearest fire station?	
Gated Community Credit?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is the property protected by a private gate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security Guard at Gate 24-Hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you rent any part of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any seismic upgrades and/ or is home bolted to foundation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Seismic Upgrade Date	
Domestic employees working > 20 hrs/wk?				Type of domestic employees:	
Remarks:					

#### 6. Collections & Valuable Personal Property

Scheduled Items	Total Value	Estimated # of Items	Comments
Jewelry	\$		How many pieces > \$10,000?
Fine Art & Antiques	\$		Includes art, prints, sculptures, rugs, china
Silverware	\$		
Musical Instruments	\$		
Cameras	\$		
Wine	\$		Is wine stored in a climate controlled area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Furs	\$		
Other Collectibles	\$		What type of collections:
Do you have appraisals for pieces > \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many pieces > \$100,000:			
Other Remarks:			

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

**7. Second Home / Rental / Condo Information** – Complete only for second location

<input type="checkbox"/> Homeowners	<input type="checkbox"/> Condo	<input type="checkbox"/> Renters	<input type="checkbox"/> Rental Property	How many units in structure?	
Location Address (street, city, & zip):					
Is property vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Built:		Last major renovation date?	
Living Area – Square feet		Interior Sprinklers?		Is garage attached to home?	
Roof Type		Swimming Pool/Spa?		Stories above ground	
Type of Foundation		Fire Alarm		Theft Alarm	
Fire hydrant within 1,000 ft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Distance to nearest fire station?			
Gated Community Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property protected by a private gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security Guard at Gate 24-Hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you rent any part of this property?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any seismic upgrades and/ or is home bolted to foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seismic Upgrade Date			
Domestic employees working > 20 hrs/wk?		Type of domestic employees:			
Remarks:					

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

<input type="checkbox"/> Homeowners	<input type="checkbox"/> Condo	<input type="checkbox"/> Renters	<input type="checkbox"/> Rental Property	How many units in structure?	
Location Address (street, city, & zip):					
Is property vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Built:		Last major renovation date?	
Living Area – Square feet		Interior Sprinklers?		Is garage attached to home?	
Roof Type		Swimming Pool/Spa?		Stories above ground	
Foundation		Fire Alarm		Theft Alarm	
Fire hydrant within 1,000 ft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Distance to nearest fire station?			
Gated Community Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property protected by a private gate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security Guard at Gate 24-Hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you rent any part of this property?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any seismic upgrades and/ or is home bolted to foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seismic Upgrade Date			
Domestic employees working > 20 hrs/wk?		Type of domestic employees:			
Remarks:					

**About Fort Point Insurance**

**Fort Point Insurance Services, Inc.** provides comprehensive insurance products and services to help meet the unique risk management needs of affluent individuals and families. Working with clients and their most trusted advisors, we analyze coverage gaps, identify potential loss exposures, and recommend proper limits of liability to protect both property and financial assets. We accomplish this by drawing on our relationships with the nation's most respected insurance carriers, and from our own experience in serving the private client personal insurance market. Based in San Francisco, we work with individuals and families across the United States and around the world.