

CHUBB CHECKLIST

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NAME OF INSURED		
PROPERTY ADDRESS		
YEAR BUILT (IF PRIOR TO 1945 THE SHOULD BE BOLTED/CRIPPLE WALLED)		
CONSTRUCTION TYPE (FRAME, ADOBE)		
NUMBER OF STORIES		
ROOF TYPE (COMP., TILE, WOOD, FLAT)		
FOUNDATION TYPE (SLAB, RASIED, CRAWL SPACE, PILLARS)		
WHAT IS THE SQ FOOTAGE OF THE HOME?		
WHAT IS THE REPLACEMENT VALUE?		

ADDITIONAL INFORMATION NEED FOR A CHUBB QUOTE

Agency Name:

Contact at Agency & Phone #:

Insured and Spouse Occupation :

Ages :

Current Carrier :

Home Loss History :

Liability Amount Requested :

Dwelling Occupancy (Primary or Secondary) :

Any plans for construction or renovation?

Monitored Fire Alarm : Yes ___ or No ___ / Monitored Burglar Alarm : Yes ___ or No ___

Is the Dwelling within 1,000 feet to a fire hydrant?

Is the dwelling within 5 miles of the nearest fire department?

How far is the home from the nearest unmanaged vegetation in all directions?

Does the insured want Earthquake Coverage?

Does the insured want vac?

Does the insured want excess?

Auto carrier and underlying limits of coverage:

Auto Loss history:

Driver info:

Vehicles: