

CPRM PRIME Underwriting Questionnaire

Complete and return to cprprime@marketscout.com. Questions, please call 972-934-4222.



GENERAL INFORMATION

Broker Name: _____ Phone Number: _____ Email: _____

Insured Name: _____ DOB: _____ Occupation*: _____

Spouse Name: _____ DOB: _____ Occupation*: _____

Phone Number: _____ **If retired, prior occupation*

Current Insurance Carriers for All Policies: _____

Years with Current Auto Carrier: _____

Domestic Employees Employed Yes No

If Yes, How Many? ____ Full Time Inside ____ Part Time Inside ____ Full Time Outside ____ Part Time Outside

HOMEOWNERS

Location Address: _____

Occupancy: Primary Secondary Tenant Vacant

Construction Type: (Check all that apply) Frame Masonry Reinforced Masonry
 Brick Fire Resistive Masonry Veneer

Year Built: _____ Renovation Year: _____ Sq. Ft Under Air: _____ # of Mortgages: _____

Number of Stories: _____ Unit On Story #: _____ Basement/Type: _____ Roof Replaced Year: _____

Roof Covering: Tile Shingle Metal Other: _____

Backup Generator & Type: _____

Fire & Burglary Protection (Mark all that apply)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Monitored Burglar Alarm | <input type="checkbox"/> Gated Community | <input type="checkbox"/> Doorman |
| <input type="checkbox"/> Monitored Fire Alarm | <input type="checkbox"/> Perimeter Gate | <input type="checkbox"/> 24/7 Guard |
| <input type="checkbox"/> Interior Sprinkler System | <input type="checkbox"/> Lightning Protection (UL Approved) | |
| <input type="checkbox"/> Within 1000 ft of Fire Hydrant | <input type="checkbox"/> Within 5 Miles of Fire Department | |
| <input type="checkbox"/> Water Source (If No Hydrant) _____ | Protection Class: _____ | |

Hurricane/Wildfire/Earthquake Exposure: _____

Pool: Yes No Flood Zone

Liability Extension to # of Other Properties: _____ Animals on Site: Yes No

Claims (List Details for Last 5 Years): _____

COVERAGE LIMITS DESIRED

Dwelling: _____ Other Structures: _____

Personal Property: _____ AOP: _____

Hurr/Wind/Hail %: _____ Liability Limits: _____

MITIGATION INFORMATION (COASTAL PROPERTIES ONLY)

Roof Configuration Hip Gable Flat Distance to Coast: _____

Hurricane Class A Shutters/Impact Glass Yes No

Florida Building Code (FBC Compliant - Florida Properties Only): Yes No

Roof to Wall: Toenails Clips Straps Deck Attach(A/B/C): _____

AUTOMOBILE

	Driver Name	Marital Status	License #/State	Use*	A/B Student
1	_____	_____	_____	_____	<input type="checkbox"/>
2	_____	_____	_____	_____	<input type="checkbox"/>
3	_____	_____	_____	_____	<input type="checkbox"/>
4	_____	_____	_____	_____	<input type="checkbox"/>
5	_____	_____	_____	_____	<input type="checkbox"/>

*For "Use", Indicate P-Pleasure, C-Commute or B-Business Usage

	Year	Make	Model	VIN #	O-F-L**	State***
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____

Match driver # with vehicle # **O=Owned/F=Financed/L=Lease ***For "State" indicate state vehicle is registered in

CSL or Split Limits: _____ Comp/Coll Ded: _____

MVR/CLUE (List All With Details For Last 5 Years Including Tickets/Accidents/Suspensions): _____

VALUABLE ARTICLES - JEWELRY

Scheduled Limit: _____ # of Items: _____ Highest Value: _____

Blanket Limit: _____ Per Item Max: \$10K \$20K \$50K

Storage Location (If In Safe or Bank Vault): _____

VALUABLE ARTICLES - FINE ARTS

Scheduled Limit: _____ # of Items: _____ Highest Value: _____

Blanket Limit: _____ Per Item Max: \$10K \$20K \$50K

Exhibition of Any Art: _____

VALUABLE ARTICLES - OTHER ITEMS

List and Describe: _____

UMBRELLA

Excess Limit: _____ UM/UIM Limit: _____ Excess D&O: _____ EPLI: _____

Miscellaneous (List any Recreational Vehicles/Watercraft/Aircraft/Etc. Exposures): _____

Additional Information: _____

Other Documents to Include with Submission: Collections Schedule, Flood Dec, Elevation Certificate, Wind MIT Form,

SUBMIT

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