



THE EGIS GROUP

Personal Lines Supplemental Questionnaire

Applicant Information

Client Name:		Date:
Mailing Address:		
Location Address:		
Phone:	Email:	
Date(s) of Birth:	Occupation(s):	

Building Underwriting Information

Construction Type		%		Occupancy		Housekeeping Condition		Protection Device Type				Distance to									
<input type="checkbox"/>	Masonry Veneer	<input type="checkbox"/>		<input type="checkbox"/>	Owner	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Average	<input type="checkbox"/>	System	<input type="checkbox"/>	Smoke	<input type="checkbox"/>	Temp	<input type="checkbox"/>	Burg	<input type="checkbox"/>	Fire Hydrant	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Frame	<input type="checkbox"/>		<input type="checkbox"/>	Tenant	<input type="checkbox"/>	Good	<input type="checkbox"/>	Below Avg	<input type="checkbox"/>	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FT	<input type="checkbox"/>	MI
<input type="checkbox"/>	Masonry	<input type="checkbox"/>		<input type="checkbox"/>	Unoccupied	Plumbing Condition				Primary Heat Type											
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Vacant	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Average	<input type="checkbox"/>	Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Good	<input type="checkbox"/>	Below Avg	<input type="checkbox"/>	Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Siding		%		Residence Type		Any known leaks? (Y/N) <input type="checkbox"/>				Door Lock		Sprinkler		Date Heating System Last Serviced:							
<input type="checkbox"/>	Aluminium Siding	<input type="checkbox"/>		<input type="checkbox"/>	Dwelling	Roof Condition				<input type="checkbox"/>	Deadbolt	<input type="checkbox"/>	Partial								
<input type="checkbox"/>	Stucco	<input type="checkbox"/>		<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Average	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Full								
<input type="checkbox"/>	Vynil Siding / Plastic	<input type="checkbox"/>		<input type="checkbox"/>	Condominium	<input type="checkbox"/>	Good	<input type="checkbox"/>	Below Avg	Renovations		<input type="checkbox"/>	Part	<input type="checkbox"/>	Comp	Year					
<input type="checkbox"/>	Cedar, Wood, Shingle	<input type="checkbox"/>		<input type="checkbox"/>	Townhouse	Roof Material				Wiring											
<input type="checkbox"/>	EIFSCB (on cinder block)	<input type="checkbox"/>		<input type="checkbox"/>	Rowhouse	Distance to Tidal Water				Plumbing											
<input type="checkbox"/>	EIFSS (on studs)	<input type="checkbox"/>		<input type="checkbox"/>	Co-Op	Purchase Price				Heating											
Year EIFS Installed:				Dwelling Location				Purchase Date		Wiring		Electrical Systems									
Usage Type				<input type="checkbox"/>	In City Limits	Security		<input type="checkbox"/>	Copper	Last Inspected Date		<input type="checkbox"/>	Circuit Breakers								
<input type="checkbox"/>	Primary	<input type="checkbox"/>	Seasonal	<input type="checkbox"/>	In Fire District	<input type="checkbox"/>	Visible From Road	<input type="checkbox"/>	Aluminium			<input type="checkbox"/>	Fuses								
<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Farm	<input type="checkbox"/>	In Protected Suburb	<input type="checkbox"/>	Occupied Daily	<input type="checkbox"/>	Knob & Tube			<input type="checkbox"/>	Number of Amps								
<input type="checkbox"/>	Year Built	<input type="checkbox"/>	# Rooms	<input type="checkbox"/>	Prot Class	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	Visible to Neighbors												
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y/N	<input type="checkbox"/>													
<input type="checkbox"/>	Total Living Area	<input type="checkbox"/>	Garage Area	<input type="checkbox"/>	# Families	Rating Credits		<input type="checkbox"/>	None	<input type="checkbox"/>	Wind Class	<input type="checkbox"/>	Fuel Storage Location	<input type="checkbox"/>	None						
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Non-Smoker	<input type="checkbox"/>	Open	<input type="checkbox"/>	Resistive	<input type="checkbox"/>	Indoors Above Ground Masonry Floor								
<input type="checkbox"/>	Breezeway Area	<input type="checkbox"/>	Basement Area	<input type="checkbox"/>	# Apartments	<input type="checkbox"/>	Manned Security	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Semi-Resistive	<input type="checkbox"/>	Indoors Above Ground No Masonry Floor								
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Swimming Pools	<input type="checkbox"/>	None	Fireplaces (Check all that apply)		<input type="checkbox"/>	Outdoors Above Ground								
<input type="checkbox"/>	Market Value	<input type="checkbox"/>	Building Replacement Cost	<input type="checkbox"/>		<input type="checkbox"/>	Above Ground	<input type="checkbox"/>	Chimneys			<input type="checkbox"/>	Outdoors Below Ground								
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	In Ground	<input type="checkbox"/>	Hearths			<input type="checkbox"/>	Storm Shutters								
<input type="checkbox"/>	# Weeks Rented	<input type="checkbox"/>	Personal Property Limit	<input type="checkbox"/>		<input type="checkbox"/>	Approved Fence	<input type="checkbox"/>	Pre-Fab			<input type="checkbox"/>	Hurricane Resistive Glass								
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Diving Board	<input type="checkbox"/>	Wood Stove												
<input type="checkbox"/>	# Household Residents	<input type="checkbox"/>	Additions & Alterations Limit	<input type="checkbox"/>		<input type="checkbox"/>	Slide	<input type="checkbox"/>	Do you have any pets?	<input type="checkbox"/>	If dog, what breed?	<input type="checkbox"/>	Do you own a trampoline?								
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y/N			<input type="checkbox"/>	Y/N								

Personal Liability Underwriting Information

Add'l Residences (owned/leased/leased to others):	Home Office/Business Occupancy:
Residence Employees:	Rental Properties:

Coverages & Scheduled Items

Earthquake (Y/N):	Flood (Y/N):	Jewelry (in vault):	Jewelry (out of vault):
Silverware:	Furs:	Fine Arts:	Fine Arts (w/ breakage):
Cameras:	Bicycles:	Golf Equipment:	Musical Instruments:
Personal Umbrella:			