

Homeowner's Insurance

By providing the following information Hidden Valley Insurance will provide you with competitive quotes from multiple insurance carriers. There is no obligation to purchase.

Policy Holder Information				
	Name	DOB	Employer	Occupation
1				
2				

Property Information <i>Note: Please complete one form per location</i>

Address of property to be insured:

Street Address: _____ Suite/Apt #: _____

City: _____ State: _____ Zip: _____

Construction Information:

1. Year Built:					
2. Total Square Feet:					
3. Exterior Type:	Brick <input type="checkbox"/>	Frame <input type="checkbox"/>	Stucco <input type="checkbox"/>	Siding <input type="checkbox"/>	Other: _____
4. Roof Type:	<input type="checkbox"/> Asphalt Shingles	<input type="checkbox"/> Metal	<input type="checkbox"/> Tile	<input type="checkbox"/> Shake	<input type="checkbox"/> Other: _____
5. Number of Levels:	Basement? <input type="checkbox"/>	No <input type="checkbox"/>	Yes, if Yes, % Finished: _____ %		
6. Was the House Built over 10 years ago?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, if Yes, provide dates of any updates to the following:		Roof: _____	Plumbing: _____
		Electrical / Wiring: _____		Heating: _____	

Interior Information:

1. Total number of baths:	Full: _____	3/4: _____	1/2: _____	1/4: _____
2. Type of primary heat:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other: _____	
3. Number of woodburning stoves:				

Assign values to items being insured:

1. Dwelling (replacement cost of home):\$	
2. Other Structures: \$	
3. Personal liability umbrella:	<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000
4. Are you interested in an umbrella quote?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Scheduled high value items:		
ITEM	Value	Description
• Jewelry.....	\$	
• Stocks.....	\$	
• Computer equipment..	\$	
• Fine Art.....	\$	
• Other.....	\$	

Credits

1. Fire extinguisher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Dead Bolts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Non-Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Alarm System? *If Yes, Type of Alarm:	<input type="checkbox"/> Yes* <input type="checkbox"/> No
5. Smoke Detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do Neighbors have a clear view of your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Surrounding Area Information:	
1.	Approximately how many feet to the nearest fire hydrant? _____ Feet
2.	Approximately how many miles to the nearest fire department? _____ Miles

Claim History:		
Date of Claim	Type of Claim	Amount Paid
		\$
		\$
		\$
		\$

Additional Risk	
1. Is there a hot tub on the premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there a swimming pool on the premise? a. *If Yes: • Type of pool: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor • Is the pool fenced in? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
3. Do you own any exotic pets or dogs? a. *If Yes: • Breed(s): • Have they ever bitten anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
4. Is there a trampoline on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any resident employees on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Misc. Information:	
1. Desired Deductible:	\$
2. Current Insurance Carrier?	
3. Current Expiration Date:	

Occupant Information:	
1. Is this home your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the home vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is this home a seasonal home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is this home a rental that is occupied by a tenant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is this home occupied by the owner of the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is this a single family dwelling or condo?	<input type="checkbox"/> Single Family <input type="checkbox"/> Condo

Contact Information:			
Phone Number:			
E-Mail:			
Mailing Address: <input type="checkbox"/> Same as Property Address OR			
Suite/Apt #:	City:	State:	Zip:

Please return to Hidden Valley Insurance via fax (877-678-4940) or e-mail to: info@hiddenvalleyinc.com