

# Halcyon Underwriters Underwriting Quote Questionnaire

Complete and email to [plsubmissions@halcyonuw.com](mailto:plsubmissions@halcyonuw.com) Questions, please call 321-527-2192.



## 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 Annual  Tenant Short Term  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: \_\_\_\_\_

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	At School/No Car
1	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

	Year	Make	Model	VIN #	O-F-L**	State***	Annual Mileage
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**

No Coverage is bound until confirmed by our office. This quote is a non-binding indication that is subject to the below signature and approval from an authorized representative of Halcyon Underwriters.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

I have read the above questionnaire and I declare that, to the best of my knowledge and belief, all of the foregoing statements (answers) are true and that these statements (answers) are offered as an inducement to issue the policy (policies) for which I am applying or to continue to provide coverage under the policy (policies) currently written.

Applicant's Signature: \_\_\_\_\_ Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Bind Coverage Effective:** \_\_\_\_\_