

Private Client Services QUOTE REQUEST

PERSONAL INFORMATION

	Named Insured	Named Insured
Name*		
Date of Birth*		
Occupation / Employer		
Driver's License #		

Mailing Address _____

Effective Date _____

Current Carrier _____

Policy Non-Renewed: Yes No

Quote Requested: Renewal Premium/Target Premium

Home

Auto

Excess

Collections

If adding excess and not auto, please complete auto, driver, and loss section of auto application

**Please note, if you are requesting a quote in CA or FL, please complete the supplemental application or attach mitigation form.
Credits may be available in other wind prone states if windstorm mitigation supplement is completed.**

*Denotes Required Field

**Private Client Services
HOMEOWNERS APPLICATION**

Address: _____

Prior Address: _____

If home is held in an LLC or Trust, please complete PCS LLC / Trust Questionnaire

COVERAGE REQUESTED	
Estimated Replacement Cost	
Other Structures	
Personal Property Limit	
Loss of Use	
Liability Limit/Medical Payments	Liability: Med Pay
Deductible All other Peril/Wind/Quake	AOP Wind Quake Other

ResidenceType

UNDERWRITING QUESTIONS		CREDITS	
Occupancy Type		Central Station Burglar Alarm	
Year Built		Central Station Fire Alarm	
Square Feet		24 Hour Signal Continuity	
Construction Type		Water Flow Alarm	
Roof Material / Shape		Permanently Installed Back Up Generator	
Number of Stories		Guard / Gated Community	
Number of Mortgages / Liens		Full Time Caretaker	
Protection Class		Residential Sprinkler System	
Within 5 Miles of Fire Dept.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temperature Monitoring System	
Within 1000 Ft. of Hydrant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lightning Protection	
Pool	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Leak Sensor	
Full or Part Time Domestic Help	Yes <input type="checkbox"/> No <input type="checkbox"/>	Auto Seismic Gas Shut Off	
Flood Zone	Yes <input type="checkbox"/> No <input type="checkbox"/>	Water Auto Leak Detector	
Does insured currently have flood insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Water Auto Leak Detector w/ Shut off Valve	
Distance to the Water		LOSS HISTORY	
Renovations in the Last 10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/>	Losses in the Last 5 Years	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wiring Renovation Year		If yes, please explain: _____	
Plumbing Renovation Year		_____	
Heating Renovation Year		_____	
Roof Replacement Year			

Heat Type

*PC 9 & 10 – Requires the completion of the PCS Fire Protection Questionnaire

Please use a new homeowners application for each home quote request

Private Client Services
COLLECTIONS APPLICATION

If scheduling items, please attach a list of items and amounts.

Category	Scheduled Amount	Blanket Amount	Per Item Limit for Blanket
Jewelry			
Fine Arts			
Furs			
Silverware			
Wine			
Cameras			
Coins			
Stamps			
Musical Instruments			
Firearms			
Other			
Other			
Other			

Largest Scheduled Item:

Losses in the last 5 years? Yes No

If yes, please explain: _____

Private Client Services
AUTOMOBILE APPLICATION
Umbrella liability only:

AUTOMOBILES			
Year	Make	Model	VIN
1			
2			
3			
4			
5			

DRIVERS		
Name	Date of Birth	Driver's License # / State
1		
2		
3		
4		
5		

COVERAGES	
Current Carrier	
Liability Limit	
Comprehensive Deductible	
Collision Deductible	

USAGE				
Vehicle	Primary Operator	Usage	Annual Mileage	Lienholder Y/N*
1				
2				
3				
4				
5				

*Lienholder information required at binding

LOSSES		
Moving Violations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
Accidents	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:

Private Client Services
EXCESS LIABILITY APPLICATION

Current Carrier	Current Limit / Limit Requested

Number of Homes	Number of Watercraft*
Number of Vehicles**	Number of Rec. Vehicles
Number of Drivers**	
Current Auto Carrier / Liability Limit*	

*Underlying liability must meet carrier's minimum required underlying liability limits

**If not quoting auto policy, please complete vehicle and driver section above for umbrella only quote

WATERCRAFT SUPPLEMENT-to be completed when including watercraft under the umbrella			
Watercraft		Operating Exposure	
Year		Operator Name	
Make		Age	
Model		Boating Experience	
Length		Area of Operation / Navigation Territory	
Total HP		Manufacturer / Length of Vessels Operated / Owned:	
Max Speed		Berthing / Mooring Location (City / State)	
# of Engines		Underlying Yacht Policy	
HP Each Engine		Name of Company	
Hull Type		Named Insured on Policy	
Hull Value		P&I Limit	
For Yacht Type Exposure (i.e. boats over 26 feet)			
Captain	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, full or part time?	
Crew	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, # of full time and/or part time?	
Is yacht chartered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide frequency / explanation:	
Loss History			
Does the vessel, client or any other known operator have any prior watercraft related losses? If so, please provide date of loss, loss reserve/ payment amount, and a brief loss description for each loss:			

You understand and agree that this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____

Wind Supplemental Application

(use only if wind mitigation form not available, wind mitigation form is required for FL risks)

Location #	
Year Built	
Year of Full Roof Replacement	
Glazed Opening Protection	Impact Glass <input type="checkbox"/> Shutters <input type="checkbox"/> Plywood <input type="checkbox"/> None <input type="checkbox"/>
Non Glazed Opening Protection (Doors / Garage Doors)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Roof Wall Connection	Clips <input type="checkbox"/> Single Wraps <input type="checkbox"/> Double Wraps <input type="checkbox"/> Toe Nails <input type="checkbox"/> Structural <input type="checkbox"/>
Roof Shape	Hip <input type="checkbox"/> Gable <input type="checkbox"/> Flat <input type="checkbox"/> Other <input type="checkbox"/>
Secondary Water Resistance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Roof Material	Composition-Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Clay Tile <input type="checkbox"/> Metal <input type="checkbox"/> Built Up Membrane <input type="checkbox"/> Wood <input type="checkbox"/>

Florida wind mitigation form may be required prior to binding
Use additional sheet if multiple locations

California Home Supplement

Location #	
Year Built	
Year Retrofitted (if built prior to 1945)	
Construction	Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Reinforced Masonry <input type="checkbox"/> Unreinforced Masonry <input type="checkbox"/> Reinforced Poured in Place Concrete <input type="checkbox"/>
Masonry Veneer Percentage	(include if construction is Masonry Veneer, Reinforced Masonry, or Unreinforced Masonry)
Number of Stories	
Roof Type	Tile <input type="checkbox"/> Slate <input type="checkbox"/> Comp Shingle <input type="checkbox"/> Wood <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Other/Specify <input type="checkbox"/>
Foundation Type	Slab <input type="checkbox"/> Raised <input type="checkbox"/> Crawl Space <input type="checkbox"/> Perimeter with T-Footings Caissons <input type="checkbox"/> On-Stilts/Piers/Posts/Cantilevered <input type="checkbox"/>
Additional Comments	

Use additional sheet if multiple locations
Click below to submit application via email to MPG.

Click below to clear the form.