Supplemental Rating Questions

Risk Factors		Information Needed		
If the dwelling is over 30 years old, have all major systems been updated? (If yes, please confirm dates)		Yes	No	Date(s)
	Roof			
	Plumbing			
	Wiring			
	HVAC			
Does the dwelling have any of the following?		Yes	No	
	Water shut off valve			
	Water leak detection			
	Sprinklers			
	Gas shutoff valves			
Does the dwelling have central station fire AND burglar alarms?		Yes	No	
Is the dwelling located in a gated or guarded/patrolled community?		Yes	No	
% of time occupied by the insured including any staff and/or property management people.				
Provide insured's occupation, length of time in current occupation, and public persona/media attention.				
How long has the insured lived at the current address or a similar type of home?				
Does the insured have any prior losses? (If yes, list date and claims amount for all losses over the last 3 years.)				
Does the property have any prior losses? (If yes, list date and claims amount for all losses over the last 3 years.)				
Current/Expiring Homeowners Policy Info				
	Carrier Name			
	Coverage A Limit			
	Premium			