

PERSONAL INSURANCE QUESTIONNAIRE

This form is to be used as a guide to help determine what insurance coverage's are appropriate for you. Therefore, please provide complete and accurate information.

Please provide a copy of all of your insurance policies- much of the information that we are requesting below appears in the policies themselves.

Home # _____ Work# _____ Mobile Phone# _____

Email Address _____

Is any of your property owned in the name of a trust? (e.g. HOME, AUTO, YOUR BUSINESS)

Please specify. Also, please provide name of trust? _____

Your name as it appears on drivers license: _____ Occupation _____

Date of birth: _____ Social Security#: _____ Drivers license# and State: _____

If married/domestic partnership-- spouse/domestic partner's name as is appears on driver's license: _____ Occupation _____

Date of birth: _____ Social security#: _____ Drivers license# and State: _____

Any other drivers in your household? Yes/No If so, need same info as above?

1. _____

2. _____

Primary home address: _____ Secondary home address: _____

Other homes-same _____

CO-OPS/CONDOS/ RENTED APARTMENTS

Approx sq footage? _____ Sprinkler? Yes/No Central station fire/burglar alarm? _____

Doorman? Yes/No Concierge? Yes/No

Amount of contents (excluding jewelry, fine arts and furs) _____

Amount of Furs _____ Fine arts _____ Jewelry _____ (Will need bill of sales or appraisals.)

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If you keep jewelry in a **BANK** vault you may be eligible for a credit! Please describe!

Do you have part-time/full-time help? _____ Duties _____

Compensation _____

For rentals only, did you make any improvements/betterments to the apartment **at your cost** that is permanent in nature? Amount spent: _____

For **Co-ops** and **Condos**- What would the **TOTAL** cost be to replace Additions & Alterations – floor coverings, cabinets, bookcases, bathroom fixtures, wall coverings, appliances, light fixtures?

Do you store anything in a storage facility? What? Value? Name/Phone # of facility _____

HOUSES

Primary Yes/No Secondary Yes/No

Sq footage _____ Replacement Cost (not the market value, but the cost to REBUILD)

Approx yr built: _____ If older than 25 yrs, when were updates/repairs made to Roof _____

Plumbing _____ Electrical _____ Heating _____

Central Station fire/burglar alarm? Yes/No Gated community? Yes/No

Freeze alarm? Yes/No Electric Generator? Yes/No

Amount of contents (excluding furs, jewelry, and fine arts) _____

Amount of furs _____ Jewelry _____ Fine arts _____ (Will need bill of sales or appraisals.)

If house is rented out to others, how much rent are you collecting per month? _____

Does renter have insurance? Yes/No

If your house is currently being remodeled, it is **VERY** important that you let us know cost of alteration

_____ anticipated construction time? _____

Will house be unoccupied during construction? Yes/No

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**AUTO/BOAT/RECREATIONAL VEHICLES (snowmobiles, jet skis)/MOTORCYCLES/COLLECTIBLE
CARS** Make/Model/Serial #/Vin#/Year/Value?_____

Where is it garaged? If boat, where is it kept? Is it used on “open” waterways or just on lake?

If collectible car- approx how many miles is it driven annually?_____

Thank you for taking the time to provide this information to us!

Don't forget to provide copies off *all* existing insurance policies. See contact info below.

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