

Broker ID: _____ Advisor/Service: _____
Proposed Effective Date: _____ Advisor/Service Phone No.: _____



Excess Liability Quote Questionnaire

If this quote is for a current PURE or Pure Programs policyholder please provide their account ID: _____

1st Named Insured: _____ DOB: _____

Occupation/Company: _____

2nd Named Insured: _____ DOB: _____

Current carrier: _____ Premium: \$ _____

Billing address: _____

Personal Excess Liability

Available to insureds with primary or secondary homes in CA, CT, FL, MA, NY, and TX

Please list all operators with access to any owned/operated vehicles:

Name: _____ DOB: _____ Gender: _____ Marital Status: _____

License Number/State: _____ Relationship to Named Insured: _____

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License Number/State: _____ Relationship to Named Insured: _____

Household locations:

Address: _____ Usage: _____

Is a pool on the premises? : Yes No Type of home (dwelling, condo/coop): _____

Is the home rented to others at any time? Yes No

If yes, how many weeks a year is the home rented? less than 10 weeks 11-51 weeks or 52 weeks

What is the minimum night stay? 1 night 2 nights 3 nights 4 nights or 5 or more nights

Address: _____ Usage: _____

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Vehicles:

Year: _____ Make: _____ Model: _____ VIN: _____

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Year: _____ Make: _____ Model: _____ VIN: _____

Year: _____ Make: _____ Model: _____ VIN: _____

Watercraft:

Year: _____ Make: _____ Model: _____

Hull Value: \$ _____ Hull Length: _____ HP _____

Year: _____ Make: _____ Model: _____

Hull Value: \$ _____ Hull Length: _____ HP _____

General Underwriting Questions:

- Yes No Does the customer have a PURE high-value Homeowners policy?
- Has any member of the Household been involved in any litigation pertaining to personal excess insurance in the past 5 Years?
- Does the customer have any full or part-time domestic employees?
If yes, how many? _____
- Has any member of the Household had an allegation made against them by a domestic employee?
- Does anyone other than family members have regular access to the vehicles or watercrafts?

Coverage Limits:

Excess Liability: \$ _____ Uninsured/Underinsured Motorists: \$ _____

Uninsured/Underinsured Liability: \$ _____ Employment Practices Liability: \$ _____

Expanded Defense: \$ _____ Not-for-profit D&O liability: \$ _____

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Notes:
Please use this space to add additional comments, if necessary.
