Broker ID:	Advisor/Servicer:	
Proposed Effective Date:	Advisor/Servicer Phone No.:	
pure programs.	Indication Questionnaire	
A member of the Tokko Marine Group If this quote is for a current PURE or Pure I	Programs policyholder please provide their account ID:	:
Named Insured:	DOB:	Homeowners Credits:
Occupation/Company:		Central station fire alarm
		Central station burglar alarm Permanent generator Contact detectors
Primary or Secondary:	Year Built:	Gas leak detector 24 Hour signal continuity Sprinkler system with waterflow
Square ft. (under air):	Construction type:	Sprinkler system with waterflow ☐ Guard gated community ☐ Residential sprinkler system ☐
Roof shape: Roof material:	Year roof replaced	Water leak detection ☐ Lightning protection ☐
Current carrier:	Premium: \$	Perimeter gate Full time live-in caretaker
Coverage Limits:		Closed circuit TV
Dwelling: \$	Other Structures: \$	Motion detectors □
Contents: \$	Loss of Use: \$	0 1 /=
contents. y		Condo/Tenant credits:
Personal Liability: \$	Additional location(s) where liability coverage	Central station fire alarm
	will apply to:	Central station burglar alarm ☐ 24 Hour door man ☐
		Guard gated community
		Full time live-in caretaker
Deductibles:	Named Starms C	
All Other Peril: \$	Named Storm: \$	
Hail: \$	-	
General Underwriting Questions:		
Yes No Any losses at this location in the	ne last 5 years?	
Is the residence rented to other	ers at any time?	
	is the residence rented? \Box less than 10 weeks \Box 11-	51 weeks or \square 52 weeks
What is the minimum night sta	ay? \square 1 night \square 2 nights \square 3 nights \square 4 nights or \square	5 or more nights
Is a management company use	ed to administer rentals? \square Yes or \square No	
Yes No	_	
Is the home currently for sale	or vacant?	
	ruction or renovations, or do they plan to do so in the vation or Construction Questionnaire.	next 12 months?

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