



455 Post Road, Suite 202
Darien, CT 06820
p: 800.366.8086
f: 860.399.3697

Private Client Services QUOTE REQUEST

PERSONAL INFORMATION

Named Insured(s) _____

Date of Birth _____

Social Security #s (Helpful, but not required) _____

Occupation _____

Drivers License # _____

Additional Drivers (All licensed drivers in household)

Name _____

Date of Birth _____

Drivers License # _____

Name _____

Date of Birth _____

Drivers License # _____

CLUE Yes No MVP Yes No

HOME #1 (Please see page 3 for additional home(s))

Address: _____

Prior Address: _____

Year Built _____ Construction Type _____

Square Ft _____ Estimated Replacement Cost \$ _____

Current Deductible _____

Within 5 miles of Fire Department Yes No Within 1000 feet of hydrant Yes No

Central Station Fire and Burglar Alarms Yes No

Losses in last 5 years Yes No If yes, explain

Renovations in the last 10 years Yes No If yes, describe

Does insured employ full or part-time domestic help Yes No

Distance to the water _____

Flood Zone Yes No If yes, Elevation Certificate and evidence of a primary flood policy may be required

Does insured currently have flood insurance Yes No Lien Yes No Insurance escrowed Yes No

ADDITIONAL CREDITS

Guard/Gated Community Yes No Residential Sprinkler system Yes No
Full Time Caretaker Yes No
24 Hour Signal Continuity for Alarms Yes No Central Station Monitored Yes No
Water Flow Alarm Yes No Temperature Monitoring System Yes No
Permanently Installed Back Up Generator Yes No

COLLECTIONS

Category Replacement Value
Jewelry \$ _____
Fine Arts \$ _____
Furs \$ _____
Silverware \$ _____
Wine \$ _____
Cameras \$ _____
Coins \$ _____
Stamps \$ _____
Musical Instruments \$ _____
Firearms \$ _____
Other _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Losses in last 5 years Yes No If yes, explain

Credits _____

In-house safe Yes No If yes, details on make, model and location

AUTOMOBILE(S)

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

Garage Locale _____

Current Limit _____ Current Deductible \$ _____

Primary Operator/Car Assignment _____

Lienholder _____

Any moving violations within last 5 years Yes No If yes, explain _____

Any accidents within last 5 years Yes No If yes, explain _____

UMBRELLA / EXCESS LIABILITY

Current Limit \$ _____

Number of homes _____

Number of cars _____

Number of drivers _____

Boat Yes No

Plane Yes No

ADDITIONAL HOMES (cont'd from page 2)

#2 Address: _____

Prior Address: _____

Year Built _____ Construction Type _____

Square Ft _____ Estimated Replacement Cost \$ _____

Current Deductible _____

Within 5 miles of Fire Department Yes No Within 1000 feet of hydrant Yes No

Central Station Fire and Burglar Alarms Yes No

Losses in last 5 years Yes No If yes, explain _____

Renovations in the last 10 years Yes No If yes, describe _____

Does insured employ full or part-time domestic help Yes No

Distance to the water _____

Flood Zone Yes No If yes, Elevation Certificate and evidence of a primary flood policy may be required

Does insured currently have flood insurance Yes No Lien Yes No Insurance escrowed Yes No

#3 Address: _____

Prior Address: _____

Year Built _____ Construction Type _____

Square Ft _____ Estimated Replacement Cost \$ _____

Current Deductible _____

Within 5 miles of Fire Department Yes No

Within 1000 feet of hydrant Yes No

Central Station Fire and Burglar Alarms Yes No

Losses in last 5 years Yes No

If yes, explain

Renovations in the last 10 years Yes No

If yes, describe

Does insured employ full or part-time domestic help Yes No

Distance to the water _____

Flood Zone Yes No If yes, Elevation Certificate and evidence of a primary flood policy may be required

Does insured currently have flood insurance Yes No Lien Yes No Insurance escrowed Yes No

You understand and agree 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 that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____

Date: _____

Print Name: _____

Title: _____