



PRIVATE CLIENT QUESTIONNAIRE

**** PLEASE DOWNLOAD FORM PRIOR TO COMPLETION IN ORDER TO SAVE TYPED DATA AND SUBMIT DIRECTLY TO JAIG**

By completing this questionnaire you are authorizing J. Archer Insurance Group to use information from you and other sources, such as your driving, claims and credit histories, to calculate an accurate price for your insurance.

BASIC INFORMATION

Named Insured _____ DOB _____ SS# _____

DL# _____ State _____ Profession/Employer _____

Email _____ Phone # _____

Name of spouse _____ DOB _____ DL#/state _____

SS# _____ Occupation _____ Phone _____ Email _____

PRIMARY HOME (principal Residence)

IF LESS THAN TWO YEARS PLEASE LIST PREVIOUS ADDRESS IN COMMENTS-

Address _____

City _____ State _____ Zip _____ Alarms _____

Yr. Built _____ SQ FT _____ Exterior walls _____ ROOF TYPE _____ Foundation Type _____

Security Systems _____ Pool(Y/N) _____ Dog or exotic pets _____

Year the following were updated/remodeled/repaired:

Plumbing _____ Heating _____ Electrical _____ Roof _____

Generator?:

Any claims made in the last 5 years?

Claim Details:

CURRENT POLICY INFORMATION

CURRENT CARRIER

CURRENT ANNUAL PREMIUM

EXPIRATION DATE

CURRENT HOME REPLACEMENT COST

CONTENTS COVERAGE

PERSONAL LIABILITY LIMIT

LOSS OF USE LIMIT

WIND/HAIL DEDUCTIBLE

ALL OTHER PERIL DEDUCTIBLE

IS THERE A MORTGAGE ON THE HOME?

LENDER NAME/ADDRESS/

LOAN#

ARE YOU SATISFIED WITH THE CURRENT POLICY COVERAGE/LIMITS? SELECT OR ENTER PREFERENCE

YES NO IF YES, WHAT LIMIT

DO YOU HAVE FLOOD COVERAGE?

DO YOU HAVE EXCESS FLOOD COVERAGE

DO YOU HAVE DOMESTICE WORKERS (NANNY, HOUSEKEEPER ETC)

IF YES, HOW MANY DO YOU EMPLOY?

LIST ROLE & ANNUAL PAYROLL FOR EACH EMPLOYEE

SECONDARY/SEASONAL HOME

NONE

Address _____

City _____ State _____ Zip _____ Alarms _____

Yr. Built _____ SQ FT _____ Exterior walls _____ ROOF TYPE _____ Foundation Type _____

Security Systems _____ Generator _____ Dog Breed or exotic pets _____

Year the following were updated/remodeled/repaired:

Plumbing _____ Heating _____ Electrical _____ Roof _____ Pool _____

Current Carrier

Current Annual Premium

Policy Expiration Date

Mortgage?

ADDITIONAL SECONDARY/SEASONAL OR RENTAL PROPERTY

NONE

If there are additional properties please request an SOV spreadsheet or provide all information in comments section.

Address _____

City _____ State _____ Zip _____ Alarms _____

Yr. Built _____ SQ FT _____ Exterior walls _____ ROOF TYPE _____ Foundation Type _____

Security Systems _____ Generator _____ Dog Breed or exotic pets? _____

Year the following were updated/remodeled/repaired:

Plumbing _____ Heating _____ Electrical _____ Roof _____ Pool _____

Current Carrier

Current Premium

Expiration Date:

Mortgage?

Collection (FOR SCHEDULED ITEMS PLEASE ATTACH SEPARATE LIST W/ITEM DESCRIPTION & APPRAISED VALUE FOR EACH)

Class	Blanket Limit	Highest single item Value	Scheduled	Highest single item Value
Jewelry				
Fine Arts				
Silverware				
Wine				
Guns				
Musical instruments				
Other collectibles				

AUTO Any Claims for any driver in the last 5 years?

All other House hold members 15 and older list driver license and driver permit

Name	Date of Birth	Relation to insured	Male/Female	Occupation	DL# & State

Def Driving?

CURRENT CARRIER

PREFERRED AUTO LIMITS

CURRENT AUTO LIMITS

PREFERRED DEDUCTIBLE

CURRENT DEDUCTIBLE

CURRENT PREMIUM

POLICY EXPIRATION DATE

ANNUAL OR 6 MONTH PREMIUM?

Vehicle Information

No.	Year	Make	Model	Value	USE MILES ONE WAY	Primary Driver	VIN	LIEN?
<u>1</u>								
<u>2</u>								
<u>3</u>								
<u>4</u>								
<u>5</u>								
<u>6</u>								

Watercraft:

<u>Year Make & Model</u>	<u>Name</u>	<u>Hull Value & deductibles</u>	<u>No of engines &Horse Power</u>	<u>Top Speed</u>	<u>Operators</u>	<u>LIEN?</u>

Umbrella:

1. How did you determine your umbrella Limit?
2. Have you discussed with financial Advisor?
3. Do you serve On any boards?
4. We recommend to have at least your net worth covered, how much liability coverage will you need to protect your assets in the event of a suit against you?

OTHER COVERAGES: ARE YOU INTERSTED IN ANY OF THE FOLLOWING COVERAGES?

Personal Insurance Cov

IND OR GRP Life Insurance
 IND OR GRP Health/Medical
 AD&D
 Disability
 Wealth Protection/Development
 OTHER IND OR GRP Benefits

Yes No

Commercial Insurance

General Liability
 Property
 Business Income/Interruption
 Comm'l Umbrella
 Comm'l Auto
 Workers Compensation
 Inland Marine
 Cyber Liability
 Other:

YES NO

Claim or Other Details/Comments

Thank you for for your submission, we know your time is valuable, we look forward in assisting you with all your insurance needs.