

Orchid Specialty High Net Worth Application

Submit completed application to HNW@OrchidInsurance.com

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Insured Name: Occupation: DOB: Spouse Name: Occupation: DOB:

Phone Number: Email Address: Current Carrier: Effective Date:

Legal Named Insured if other than the above:

Homeowners

Street Address: County:

City: State: Zip Code:

Occupancy: Dwelling Form:

Construction Type:

Year Built:

Renovation Year: Roof: HVAC: Plumbing: Electric:

Roof Covering:

No. Of Stories: Sq Footage: Flood Zone: Elevation Certificate:

Homeowners Losses within Last 5 years: If "Yes" Please complete values below:

Date of Loss Type of Loss Details Amount Paid

Homeowners Credits

Central Station Fire Alarm

Gated Community

Sprinkler System

Central Station Burglar Alarm

Perimeter Gate

Signal Continuity

Low Temperature Sensor:

Lightening Protection:

Back up generator:

Caretaker: No. of Mortgagees:

Fire Protection

Within 5 Miles of Fire Department Within 1,000 ft. of Fire Hydrant

Alternative (Year Round) Water Source PC Class

Coverage Amounts

Dwelling: Personal Property: Other Structures: Liability:

Deductible Request:

Mitigation Information (Coastal Properties Only) Roof Configuration: Hurricane Class A Shutters/Impact Glass: Distance to Coast: Florida Building Code (FBC Compliant - FL Properties Only): Roof to Wall Attachments: Roof Deck Attachment (A/B/C): Collections Silver Wine Guns Collectibles Other Jewlery Fine Arts Fur Itemized: No Of Items: Blanket: Umbrella Excess UM/UIM Limit: Excess Limit: Not-For-Profit D&O: EPLI: Homes: Auto: Drivers: Watercraft: Exposures: Pool: Automobile Driver Name Date of Birth License Number State Usage Assigned to 1 2 3 4 State Registered Year Vehicle Make Model of Vehicle VIN# 1 2 3 Combined single limit: Split Limits: Comp Deductible: Property Damage: Collision Deductible:

Type Date Driver

MVR/CLUE: list all activity within the past 5 years, along with details each

1 2 3 Details

Miscella	aneous: Please feel free to	note any special quoting req	uests of detail:	S.	
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