BROWN & BROWN, INC.

PRIVATE CLIENT SOLUTIONS

BROWN & BROWN, INC. I CA LICENSE 4232465

Baptiste Bidonde

Vice President

(214) 960-0873 I bbinsured.com

NYSE: BRO

Insured Information

First Named Insured

*Type	Individual	Joint	Trust/LLC

Trust / LLC [_____]

*Name [_____]

*Mobile # [_____]

Home # [_____]

*Birthdate [_____]

*Employer [_____] *Years [____]

*Title [_____]

*Email [_____]

*DL # [_____] *State [____]

*Education [_____]

*Maritial [_____]

SSN # [_____]

Second Named Insured

*Type	Individual	Joint	Trust/LLC

Trust / LLC [_____]

*Name [_____]

*Mobile # [_____]

Home # [_____]

*Birthdate [_____]

*Employer [_____] *Years [____]

*Title [_____]

*Email [_____]

*DL # [_____] *State [____]

*Education [_____]

*Maritial [_____]

SSN # [_____]

Pimary Contact

Name [_____] Phone [_____] Email [_____]

Insured Address

Residence	Homeowners	Condo	Tenant	Landlord / Fire

Address [_____] County [_____]

City [_____] State [____] Zip [_____]

Mailing Address

Name [_____]

Address [_____] County [_____]

City [_____] State [____] Zip [_____]

Previous Address (If you have lived in your home for under 3 years)

Residence	Homeowners	Condo	Tenant	Landlord / Fire

Address [_____] County [_____]

City [_____] State [____] Zip [_____]

Primary Homeowners

PRIVATE CLIENT SOLUTIONS

Private Client Home Insurance

B·B Brown & Brown

Insured Property

Property Owner	
Property Address	
Purchase/Lease Date	Residence	Occupancy

Coverage

*Replacement Cost (A)		*Personal Liability	
Replacement Type		*Medical Payments	
*Other Structures (B)		*AOP Deductible		_____
*Personal Property (C)		*Wind/Hail Deductible		_____
*Loss of Use (D)		_____	

Structure

Year Built		# of Kitchens		Garage Type	
Total Sq. Ft		# of Fireplaces		# of Garages	
# of Stories		# Water Heaters		# of Cars	
# of Bathrooms		Basement Yes No _____	
# of Bedrooms		Central Air Yes No _____	

Roof

Roof Year _____   No. of Solar Panels _____

Roof Shape   Gable   Hip   Flat   Other _____

Roof Material   Shingles   Tile   Metal   Slate   TPO   Other_____

Hail Resistant   None   Class 1   Class 2   Class 3   Class 4

Construction Details

Heat Source   Central Electric   Central Gas   Other_____

Foundation   Slab   Pier/Beam   Basement   Other_____

Construction Type   Frame   Masonry   Concrete   Other_____

Siding Type   Stucco   Brick/Masonry   Stone Veneer   Other_____

Opening Protection   None   Basic   Impact   Shutter   Impact Glass

Updates

Renovated Year		Heating Year		_____
Electrical Year		A/C Year		_____
Plumbing Year		_____		_____

Pool

Pool Yes No	Diving Board / Slide		Pool Year	
# of Pools	Pool Safety		_____	

Other Details

Animals Owned Yes No	If yes, which animals:		
Trampoline Yes No	Distance to Fire Station		Solar Panels Yes No
Business Conducted Yes No	Distance to Hydrant		_____
Under Construction Yes No	Four Point Yes No	_____	
Vacant Yes No	Wood/coal/pellet stove Yes No	_____	

Private Client Home Insurance

Brown & Brown

Protective Credits

Fire Alarm	Yes	No	External Peremiter Gate	Yes	No
Burglar Alarm	Yes	No	Low Temp. Monitoring Device	Yes	No
24 Hour Signal Continuity	Yes	No	LEED Certified Home	Yes	No
Gated Community	Yes	No	Backup Generator	Yes	No
Fulltime Live in Caretaker	Yes	No	Water Leak Detection	Yes	No
Gas leak Detection	Yes	No	Interior Fire Sprinkler	Yes	No
External Perimeter Security	Yes	No	Mortgage Free	Yes	No
Lightning Protection	Yes	No	_____	Yes	No

Protective Credits (Condo Only)

Fire Alarm	Yes	No	Guard Gated Community	Yes	No
Burglar Alarm	Yes	No	Interior Fire Sprinklers	Yes	No
24 Hour Door Guard	Yes	No	Full Time Live in Caretaker	Yes	No
Surveillance Cameras	Yes	No	Locked or Manned Elevator	Yes	No

Mortgage / Additional Interest

Mortgage Yes No Name

Additional Interest Address County

Loan # City State Zip

Mortgage Yes No Name

Additional Interest Address County

Loan # City State Zip

Loss Details

Date	Type of Loss	Description	Amount

Automotive

PRIVATE CLIENT SOLUTIONS

Drivers

Driver #3

*Insured Type   Child   Relative   Other_____

*Name _____

*Birthdate _____

*DL # _____ *State ____

*Mobile # _____

Employer _____ Years ____

Title _____

*Education _____

*Maritial   Single   Married   Divorced

Credits   Defensive Driving   Good Student   @ School   Military   SR22

Driver #4

*Insured Type   Child   Relative   Other_____

*Name _____

*Birthdate _____

*DL # _____ *State ____

*Mobile # _____

Employer _____ Years ____

Title _____

*Education _____

*Maritial   Single   Married   Divorced

Credits   Defensive Driving   Good Student   @ School   Military   SR22

Driver #5

*Insured Type   Child   Relative   Other_____

*Name _____

*Birthdate _____

*DL # _____ *State ____

*Mobile # _____

Employer _____ Years ____

Title _____

*Education _____

*Maritial   Single   Married   Divorced

Credits   Defensive Driving   Good Student   @ School   Military   SR22

Driver #6

*Insured Type   Child   Relative   Other_____

*Name _____

*Birthdate _____

*DL # _____ *State ____

*Mobile # _____

Employer _____ Years ____

Title _____

*Education _____

*Maritial   Single   Married   Divorced

Credits   Defensive Driving   Good Student   @ School   Military   SR22

Driver #7

*Insured Type   Child   Relative   Other_____

*Name _____

*Birthdate _____

*DL # _____ *State ____

*Mobile # _____

Employer _____ Years ____

Title _____

*Education _____

*Maritial   Single   Married   Divorced

Credits   Defensive Driving   Good Student   @ School   Military   SR22

Driver #8

*Insured Type   Child   Relative   Other_____

*Name _____

*Birthdate _____

*DL # _____ *State ____

*Mobile # _____

Employer _____ Years ____

Title _____

*Education _____

*Maritial   Single   Married   Divorced

Credits   Defensive Driving   Good Student   @ School   Military   SR22

Automotive

PRIVATE CLIENT SOLUTIONS

Car Schedule

Private Client Auto Insurance
Auto List

Brown & Brown

Auto #1

*Ownership   Outright   Finance   Lease

*Year [____]   *Vin # [_____]

*Make [_____]   *Model [_____]

*Driver [_____]

*Useage   Pleasure   Commute   Work

*Annual Miles [_____]

Agreed Value [_____]

*Titled [_____]

*Lienholder [_____]

Insured By [_____]

Auto #2

*Ownership   Outright   Finance   Lease

*Year [____]   *Vin # [_____]

*Make [_____]   *Model [_____]

*Driver [_____]

*Useage   Pleasure   Commute   Work

*Annual Miles [_____]

Agreed Value [_____]

*Titled [_____]

*Lienholder [_____]

Insured By [_____]

Auto #3

*Ownership   Outright   Finance   Lease

*Year [____]   *Vin # [_____]

*Make [_____]   *Model [_____]

*Driver [_____]

*Useage   Pleasure   Commute   Work

*Annual Miles [_____]

Agreed Value [_____]

*Titled [_____]

*Lienholder [_____]

Insured By [_____]

Auto #4

*Ownership   Outright   Finance   Lease

*Year [____]   *Vin # [_____]

*Make [_____]   *Model [_____]

*Driver [_____]

*Useage   Pleasure   Commute   Work

*Annual Miles [_____]

Agreed Value [_____]

*Titled [_____]

*Lienholder [_____]

Insured By [_____]

Auto #5

*Ownership   Outright   Finance   Lease

*Year [____]   *Vin # [_____]

*Make [_____]   *Model [_____]

*Driver [_____]

*Useage   Pleasure   Commute   Work

*Annual Miles [_____]

Agreed Value [_____]

*Titled [_____]

*Lienholder [_____]

Insured By [_____]

Auto #6

*Ownership   Outright   Finance   Lease

*Year [____]   *Vin # [_____]

*Make [_____]   *Model [_____]

*Driver [_____]

*Useage   Pleasure   Commute   Work

*Annual Miles [_____]

Agreed Value [_____]

*Titled [_____]

*Lienholder [_____]

Insured By [_____]

Private Client Auto Insurance
Auto List

Brown & Brown

Auto #7

*Ownership   Outright   Finance   Lease

*Year [＿＿＿]   *Vin # [＿＿＿＿＿＿]

*Make [＿＿＿]   *Model [＿＿＿＿＿]

*Driver [＿＿＿＿＿＿＿＿]

*Useage   Pleasure   Commute   Work

*Annual Miles [＿＿＿＿＿＿＿＿]

Agreed Value [＿＿＿＿＿＿＿＿]

*Titled [＿＿＿＿＿＿＿＿]

*Lienholder [＿＿＿＿＿＿＿＿]

Insured By [＿＿＿＿＿＿＿＿]

Auto #8

*Ownership   Outright   Finance   Lease

*Year [＿＿＿]   *Vin # [＿＿＿＿＿＿]

*Make [＿＿＿]   *Model [＿＿＿＿＿]

*Driver [＿＿＿＿＿＿＿＿]

*Useage   Pleasure   Commute   Work

*Annual Miles [＿＿＿＿＿＿＿＿]

Agreed Value [＿＿＿＿＿＿＿＿]

*Titled [＿＿＿＿＿＿＿＿]

*Lienholder [＿＿＿＿＿＿＿＿]

Insured By [＿＿＿＿＿＿＿＿]

Auto #9

*Ownership   Outright   Finance   Lease

*Year [＿＿＿]   *Vin # [＿＿＿＿＿＿]

*Make [＿＿＿]   *Model [＿＿＿＿＿]

*Driver [＿＿＿＿＿＿＿＿]

*Useage   Pleasure   Commute   Work

*Annual Miles [＿＿＿＿＿＿＿＿]

Agreed Value [＿＿＿＿＿＿＿＿]

*Titled [＿＿＿＿＿＿＿＿]

*Lienholder [＿＿＿＿＿＿＿＿]

Insured By [＿＿＿＿＿＿＿＿]

Auto #10

*Ownership   Outright   Finance   Lease

*Year [＿＿＿]   *Vin # [＿＿＿＿＿＿]

*Make [＿＿＿]   *Model [＿＿＿＿＿]

*Driver [＿＿＿＿＿＿＿＿]

*Useage   Pleasure   Commute   Work

*Annual Miles [＿＿＿＿＿＿＿＿]

Agreed Value [＿＿＿＿＿＿＿＿]

*Titled [＿＿＿＿＿＿＿＿]

*Lienholder [＿＿＿＿＿＿＿＿]

Insured By [＿＿＿＿＿＿＿＿]

Auto #11

*Ownership   Outright   Finance   Lease

*Year [＿＿＿]   *Vin # [＿＿＿＿＿＿]

*Make [＿＿＿]   *Model [＿＿＿＿＿]

*Driver [＿＿＿＿＿＿＿＿]

*Useage   Pleasure   Commute   Work

*Annual Miles [＿＿＿＿＿＿＿＿]

Agreed Value [＿＿＿＿＿＿＿＿]

*Titled [＿＿＿＿＿＿＿＿]

*Lienholder [＿＿＿＿＿＿＿＿]

Insured By [＿＿＿＿＿＿＿＿]

Auto #12

*Ownership   Outright   Finance   Lease

*Year [＿＿＿]   *Vin # [＿＿＿＿＿＿]

*Make [＿＿＿]   *Model [＿＿＿＿＿]

*Driver [＿＿＿＿＿＿＿＿]

*Useage   Pleasure   Commute   Work

*Annual Miles [＿＿＿＿＿＿＿＿]

Agreed Value [＿＿＿＿＿＿＿＿]

*Titled [＿＿＿＿＿＿＿＿]

*Lienholder [＿＿＿＿＿＿＿＿]

Insured By [＿＿＿＿＿＿＿＿]

Valuables / Collections

PRIVATE CLIENT SOLUTIONS

Valuables Articles / Collections

BB Brown & Brown

Protective Credits

Fire Alarm	Yes	No
Burglar Alarm	Yes	No
Backup Generator	Yes	No
Fulltime Live in Caretaker	Yes	No
Unoccupied for 3+ months	Yes	No
Avg. Amount taken /Traveling		

In Home Safe _____
Safe Weight _____
Bolted to floor _____
Safe Make _____
Safe Model _____

Item Class

Jewelry _____   Guns _____

Fine Art _____   Stamps _____

Wine _____   Coins _____

Furs _____   _____ _____

Class Information

Class Information	Class Information	Class Information
_____	_____	_____

Blanket Coverage _____   Blanket Coverage _____   Blanket Coverage _____

Highest Valued Item _____   Highest Valued Item _____   Highest Valued Item _____

Scheduled Coverage _____   Scheduled Coverage _____   Scheduled Coverage _____

Highest Valued Item _____   Highest Valued Item _____   Highest Valued Item _____

Scheduled Items

Item(s)	Value	Date	Item(s)	Value	Date

Brown & Brown

Personal Excess Liability

PRIVATE CLIENT SOLUTIONS

Personal Excess Liability (Umbrella)

Coverage(s)

Excess Liability Coverage _____

Uninsured/ Underinsured Motorist _____

Uninsured/Underinsured Liability _____

Employment Practices Liability _____

Not for Profit D&O _____

Household Employees _____

Public Profile _____

_____ _____

Insured Property(s)

Property Owner _____

Property Address _____

Purchase/Lease Date _____ Residence _____ Occupancy _____ Pool _____

Property Owner _____

Property Address _____

Purchase/Lease Date _____ Residence _____ Occupancy _____ Pool _____

Property Owner _____

Property Address _____

Purchase/Lease Date _____ Residence _____ Occupancy _____ Pool _____

Property Owner _____

Property Address _____

Purchase/Lease Date _____ Residence _____ Occupancy _____ Pool _____

Sum of Coverage

Covered Property(s) _____   **Covered Watercraft(s)** _____

Covered Driver(s) _____   **Covered Golf Cart(s)** _____

Covered Auto(s) _____   **Covered Motorcycle(s)** _____

Covered Aviation(s) _____   **Covered Empoyee(s)** _____