



## FP 2 - LIABILITY REQUEST

Thank you for your inquiry about our FP 2 and liability program. In order for us to provide you with a quote, we need some information. Will you please complete this form and return it to us. You can either fax it to us at (804)591-3736 or mail it to us at P.O. Box 5568 Glen Allen, VA 23058-5568.

INSURED			
POLICY NUMBER			
PRODUCER			
PRODUCER ADDRESS			
PRODUCER PHONE NUMBER		PRODUCER FAX NUMBER	

Please indicate what limits you would like us to provide a quote for.

DWELLING	OTHER STRUCTURES	CONTENTS	ADDITIONAL EXPENSE	LOSS OF RENTS	LIABILITY
\$	\$	\$	\$	\$	\$

Our underwriting guidelines require that all dwellings be insured to 100% of their estimated value, and that all requests for coverage be accompanied by a replacement cost estimation. You can use any method of calculation you use for your other companies.

What is the estimated replacement cost you developed for this dwelling?     \$

### Attach Replacement Cost Worksheet to this request.

1.	Are any business pursuits conducted on the described premises?	<input type="checkbox"/> No <input type="checkbox"/> Yes															
	Describe:																
2.	Does the Named Insured own or maintain any other properties?	<input type="checkbox"/> No <input type="checkbox"/> Yes															
	Where?																
3.	Has the insured had any property or liability losses in the last 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date of Loss</th> <th style="width: 60%;">Description of Loss</th> <th style="width: 25%;">Amount Paid</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date of Loss	Description of Loss	Amount Paid													
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4.	Does the insured own or care for any animals?	<input type="checkbox"/> No <input type="checkbox"/> Yes															
	List:																
5.	Have any of your pets ever bitten, injured or threatened to injure any person(s) or other animal(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes															
6.	Do you perform any child care services at any insured location?	<input type="checkbox"/> No <input type="checkbox"/> Yes															
7.	Is this a mobile home?	<input type="checkbox"/> No <input type="checkbox"/> Yes															