CAL Private Client Services – Prospect Profile Form

A comprehensive review requires time and input from you. Once CAL has received all of the requested information, you should expect 10 business days for your review to be completed.

Primary Contact Name					
Mailing Address					
Cell Phone () - Home Phone () -	Work ()				
Email Address					
Occupation/Employer					
Primary Residence Address:					
Mortgagee					
Name of Trust or LLC					
What security devices are in the home?					
Notes:					
Dwelling Replacement Value: \$	Earthquake:	Yes	or	No	
Dwelling type: Single or Multi-family residence	Flood:	Yes	or	No	
Year Built:	Pool:	Yes	or	No	
Month/Year Purchased:					
Earthquake Retrofit Year:					
Construction Type: frame, masonry, steel, concrete					
Siding Material:					
Stories:					
Roof Shape:					
Roof Covering Type:					
Type of Foundation:					
Living area square footage:					
Occupancy Status:					
Are you planning a renovation to your home in the next 6 months?					

Secondary Residence	Address:					
Mortgagee						
Name of Trust or LLC						
What Security devices	are in the home?					
Notes:						
Dwelling Replacement Val	ue: \$		Earthquake:	Yes	or	No
Dwelling type: Single or M	ulti-family residence		Flood:	Yes	or	No
Year Built:			Pool:	Yes	or	No
Month/Year Purchased:						
Earthquake Retrofit Year:						
Construction Type: frame,	masonry, steel, concrete					
Siding Material:						
Number of Stories:	If there is a basem	nent, is it finished	d or unfinished?			
Roof Shape:	Roof Covering Type:					
Type of Foundation:	Living area square footage:					
Occupancy Status: Seconda	ary home or Rented to Ot	hers?				
If rented to others, please in	ndicate the number of wee	eks rented and y	our estimated annu	ıal rental	incom	ie.
Valuable Items – Jew	elry, Furs, Fine Arts	s, Silver, Wind	e, Collectibles,	etc.		
Category of Item from above	Coverage Lim	nit Needed				

Category of Item from above	Coverage Limit Needed

Valuable Items Questions:

Do you have a listing of the items to insure?

Have the items been appraised in the last three years?

Do you keep some items in a bank vault?

Driver Information – Please list information for all drivers of your vehicles.

Name	Date of Birth	Driver's License Number/State of Issuance	Vehicle
			Assignment

Vehicle Information

Year	Make/Model	Vehicle Identification Number	Usage	Estimated	Loan/Lease?	Current
				Annual		Odometer
				Mileage		Reading

Auto Questions:

- 1. Is any youthful driver a Good Student with 3.0 or higher GPA?
- 2. Have they have completed Driver Training?
- 2. Is anyone over 100 miles from home at school with a car?
- 3. Is any vehicle leased or financed?

Excess/Umbrella Liability
Current Limit of Liability
Limits to be Offered
Excess Liability Questions:
Do you have Domestic Employees? If so, please advise the number of hours the employee works each week
and a description of their duties.
Do you have a written employment contract with the worker or were they hired through an agency?
Do you serve on any Board of Directors? If yes, please advise of your role on the board and the name of the
organization.
Are there any other homes, autos, watercraft, recreational vehicles or other exposures that should be covered
by the excess/umbrella liability policy?
Notes to CAL: Please tell us about any watercraft, jet skis, motorcycles, ATVs or other exposures not listed
already.
Claim History: If you have filed any claims in the last 5 years, we will need the date of loss,
amount paid and a brief description of the loss.

Email your completed form to: info@myCALteam.com . A representative of the Private Client Services team will contact you within 24 business hours.