

CAL Private Client Services – Prospect Profile Form

Primary Contact Name: _____

Mailing Address: _____

Cell Phone: () Home Phone: () Work: ()

Email Address: _____

Occupation/Employer: _____
If retired, previous employer/occupation

Who referred them to CAL? _____

Primary Residence Address: _____

Mortgage: _____

Trust or LLC: _____

Security Devices: _____

Notes: _____

Dwelling: \$ _____ Dwelling Deductible: \$ _____

Dwelling Type: _____ Earthquake: _____

Year Built: _____ Flood: _____

Month/Year Purchased: _____ Pool: _____

Retrofit Year: _____ If Pool, fenced or covered? _____

Construction Type: _____ **Systems Updates Information:**

Siding Material: _____ Plumbing Age & Type: _____

Stories: _____ Wiring: _____

Roof Shape: _____ Heating: _____

Roof Covering Type: _____ Roof replaced: _____

Foundation: _____ If Basement, % un/finished? _____

Sq Ft: _____

Occupancy Status: _____

Dog Breed: _____ Any Bite History? _____

Secondary Residence Address:

Mortgage: _____

Trust or LLC: _____

Security Devices: _____

Notes: _____

Dwelling Replacement Value: \$ _____ Deductible: \$ _____

Dwelling Type: _____ Earthquake: _____

Year Built: _____ Flood: _____

Month/Year Purchased: _____ Pool: _____

Retrofit Year: _____ If Pool, fenced or covered? _____

Construction Type: _____ **Systems Update Information:**

Siding Material: _____ Plumbing Age & Type: _____

Stories: _____ Wiring: _____

Roof Shape: _____ Heating: _____

Roof Covering Type: _____ Roof Replaced: _____

Foundation: _____ If Basement, % un/finished? _____

Sq Ft: _____

Occupancy Status: _____
Secondary Home or Rented to Others? If rental, short or long term?

If Rented to Others, please indicate number of weeks rented & estimated annual rental income. _____

Dog Breed: _____ Any bite History? _____

Driver Info

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

Vehicle Information:

Year	Make/Model	VIN	Usage	Mileage	Loan/Lease?	Odometer

Questions & Notes:

1. Any other drivers in the household? _____
2. Any other vehicles in the household? _____
3. Student with GPA above 3.0 and driver training? _____
4. Anyone over 100 miles from home at school with a car? _____
5. Are any vehicles used for ride share or delivery services? _____
6. Any prior losses or violations in the last 5 years? _____

Valuable Items

Class	Itemized Limit	Blanket Limit	Per Item Limit	Appraisal Dates

Notes:

Make & Model of Safe

Excess Liability

Current Limits: \$ _____

Limits to be Offered: \$ _____

Excess Liability Coverage over the following Exposure and Drivers: _____

Employee Practices Liability Insurance:
(Only needed if you employ domestic employees)

Yes or No

Directors & Officers:
If yes, is the client compensated for their servitude? _____
Is the entity a not for profit? _____
Clients' role on board: _____

Yes or No

Commercial:

Additional Information _____

