



# CHUBB Masterpiece® Program



## Application

### I. Client Account Information

Name: \_\_\_\_\_ Home/Mobile phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Dwelling Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Title Detail: \_\_\_\_\_  
 Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Prior Carrier: \_\_\_\_\_

### II. Homeowners Information

Number of residences \_\_\_\_ (please print additional copies for each residence) Year built: \_\_\_\_\_  
 Number of rental properties \_\_\_\_ (please print additional copies for each property)  
 Location Address (street, city, zip code): \_\_\_\_\_ Building Value: \$ \_\_\_\_\_ Contents Value: \$ \_\_\_\_\_  
 Square Footage: \_\_\_\_\_ Primary Liability: \$ \_\_\_\_\_ # of Mortgages: \_\_\_\_\_ Mortgagee: \_\_\_\_\_  
 Stories above ground (include 1/2 stories) \_\_\_\_ Construction (check one)  Frame/stucco  Masonry Veneer  Masonry  Other: \_\_\_\_\_  
 Roof Type (check one)  Asphalt/Shingle  Wood Shake  Tar/Gravel  Slate/Clay  Concrete  Tile  Other: \_\_\_\_\_ Age of roof: \_\_\_\_  
 Foundation type (check one)  Basement  Crawl Space  Slab Is the house bolted to the foundation?  Yes  No  
 Distance to Fire station: \_\_\_\_\_ Distance within 1000' of Fire hydrant: \_\_\_\_\_ Central station fire/burglar alarm: \_\_\_\_\_  
 Interior residential sprinkler system:  Yes  No 24-Hour Security:  Yes  No Caretaker:  Yes  No Signal Community:  Yes  No Water Flow Alarm:  Yes  No  
 Temperature Monitor:  Yes  No Back-Up Generator:  Yes  No Gas Leak Detector:  Yes  No Seismic Shut -Off Valve:  Yes  No Lightning Protection:  Yes  No  
 Water Leak Detection:  Yes  No Water Leak Detection Alarm:  Yes  No  
 Has dwelling been retrofitted?  Yes  No If yes, when? \_\_\_\_\_  
 Home located in a gated community:  Yes  No If yes, is there a Patrol Service:  Yes  No Number of domestic employees: \_\_\_\_\_  
 Have there been any claims at the property within the past five years? If so, please explain: \_\_\_\_\_  
 Deductible: \$ \_\_\_\_\_ Earthquake: \_\_\_\_\_ Losses: \_\_\_\_\_ Valuable Articles: \_\_\_\_\_

Scheduled Items	Total Value	Estimated # of Items	Description & Additional Comments
Jewelry	\$ _____	_____	_____
Fine Art	\$ _____	_____	_____
Antiques & Fine Furniture	\$ _____	_____	_____
Silverware	\$ _____	_____	_____
Musical Instruments	\$ _____	_____	_____
Cameras	\$ _____	_____	_____
Wine	\$ _____	_____	Where is it stored? _____
Furs	\$ _____	_____	_____

**III. Driver Information**

Driver's Name	License #	State	Licensed Since	Gender	Date of Birth	Annual Miles	Tickets/ Claims in past 5 years?
1.) _____	_____	_____	_____	_____	____/____/____	_____	_____
Street: _____		City: _____		State: _____		Zip Code: _____	County: _____
Phone: _____		Occupation/Industry: _____			Occupation Detail: _____		
Driver's Name	License #	State	Licensed Since	Gender	Date of Birth	Annual Miles	Tickets/ Claims in past 5 years?
2.) _____	_____	_____	_____	_____	____/____/____	_____	_____
Street: _____		City: _____		State: _____		Zip Code: _____	County: _____
Phone: _____		Occupation/Industry: _____			Occupation Detail: _____		
Driver's Name	License #	State	Licensed Since	Gender	Date of Birth	Annual Miles	Tickets/ Claims in past 5 years?
3.) _____	_____	_____	_____	_____	____/____/____	_____	_____
Street: _____		City: _____		State: _____		Zip Code: _____	County: _____
Phone: _____		Occupation/Industry: _____			Occupation Detail: _____		
Driver's Name	License #	State	Licensed Since	Gender	Date of Birth	Annual Miles	Tickets/ Claims in past 5 years?

4.) \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation/Industry: \_\_\_\_\_ Occupation Detail: \_\_\_\_\_

**IV. Vehicle Information**

**VEHICLE # 1** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN #: \_\_\_\_\_ State Registered: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Road Service Coverage: \_\_\_\_\_

Full Window Glass: \_\_\_\_\_ Comp Deductible: \$ \_\_\_\_\_ Collision Deductible: \$ \_\_\_\_\_ Liability Limit: \$ \_\_\_\_\_

UM/UM Option \_\_\_\_\_ UMPD: \_\_\_\_\_ Med Pay: \_\_\_\_\_ Excess Limit: \_\_\_\_\_

**VEHICLE # 2** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN #: \_\_\_\_\_ State Registered: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Road Service Coverage: \_\_\_\_\_

Full Window Glass: \_\_\_\_\_ Comp Deductible: \$ \_\_\_\_\_ Collision Deductible: \$ \_\_\_\_\_ Liability Limit: \$ \_\_\_\_\_

UM/UM Option \_\_\_\_\_ UMPD: \_\_\_\_\_ Med Pay: \_\_\_\_\_ Excess Limit: \_\_\_\_\_

**VEHICLE # 3** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN #: \_\_\_\_\_ State Registered: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Road Service Coverage: \_\_\_\_\_

Full Window Glass: \_\_\_\_\_ Comp Deductible: \$ \_\_\_\_\_ Collision Deductible: \$ \_\_\_\_\_ Liability Limit: \$ \_\_\_\_\_

UM/UM Option \_\_\_\_\_ UMPD: \_\_\_\_\_ Med Pay: \_\_\_\_\_ Excess Limit: \_\_\_\_\_

**VEHICLE # 4** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN #: \_\_\_\_\_ State Registered: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Road Service Coverage: \_\_\_\_\_

Full Window Glass: \_\_\_\_\_ Comp Deductible: \$ \_\_\_\_\_ Collision Deductible: \$ \_\_\_\_\_ Liability Limit: \$ \_\_\_\_\_

UM/UM Option \_\_\_\_\_ UMPD: \_\_\_\_\_ Med Pay: \_\_\_\_\_ Excess Limit: \_\_\_\_\_

**For questions please contact your Next Wave Underwriter at 619-232-3900**

**Either Scan this form and email to: [submissions@nextwaveins.com](mailto:submissions@nextwaveins.com)**

**Or**

**Fax to: 619-234-6500**