J. Archer Insurance Group

Personal Lines Application

5252 Westchester St., Ste 260, Houston, TX 77005 • 281-501-8331 info@archerinsgroup.com • www.archerinsgroup.com

Personal Lines Application — all personal coverage lines.
Complete every section that applies; enter each detail once. Attach current dec pages, appraisals for scheduled items, MVRs, and a Statement of Values (SOV) for 3+ properties. Return by email to service@archerinsgroup.com.

APPLICANT / NAMED INSURED

Date Needed / Due | Desired Effective Date | Referred By | Preferred Contact & Best Time

Applicant — Full Legal Name | Date of Birth | Marital Status (Select One) | SSN (optional) | Driver License # / State

Occupation / Profession | Employer | Cell Phone | Email

Co-Applicant / Spouse — Full Legal Name | Date of Birth | Marital Status (Select One) | SSN (optional) | Driver License # / State

Occupation / Profession | Employer | Cell Phone | Email

Mailing Address | Apt / Unit | City | State | ZIP

County | Time at Address | Prior Address (if < 3 yrs) | Est. Net Worth (range)

Any property held in an LLC / Trust? Yes No **If yes, entity name(s):**

HOUSEHOLD MEMBERS & DRIVERS

List everyone in the household age 15+

Full Name	Date of Birth	Relationship	Driver License # / State	License Status	Drives? Y/N	Exclude? Y/N

LINES REQUESTED

Check all that apply

- Homeowners / Dwelling
- Personal Auto
- Personal Umbrella
- Valuables & Collections
- Watercraft / Boat
- Flood / Excess Flood
- Landlord / Rental Property
- Life & Wealth
- Health / Medical
- Disability
- Long-Term Care
- Identity Theft
- Commercial / Business Lines

Check Commercial / Business Lines if you own a business — our commercial team will follow up for business quotes.

Other lines / Notes to our underwriter:

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RESIDENCE #1 — PRIMARY

Is Residence #1 the same address as page 1 (mailing)? Yes | No **If no, enter address below.**

Property Address | **City** | **State** | **ZIP** | **County**

Occupancy Select One | **Residence Type** Select One | **Year Built** | **Living Area Sq Ft** | **Fin. Basement Sq Ft**

Construction Type Select One | **Foundation Type** Select One | **Roof Material** Select One | **# Stories** | **Protection Class**

Dist. to Fire Station (mi) | **Dist. to Hydrant (ft)** | **Water Heater Age** | **Water Heater Location**

Roof Shape: Hip | Gable | Flat | Other:

Yr Roof Updated | **Yr Wiring Updated** | **Yr Plumbing Updated** | **Yr HVAC Updated** | **Yr Electrical Updated**

Solar Panels __ Yes __ No **Swimming Pool** __ Yes __ No **Pool Fenced** __ Yes __ No

Auto Water Shut-off Valve __ Yes __ No **Generator** __ Yes __ No

Alarm / Monitoring: __ Central Burglar __ Central Fire __ Local Burglar __ Local Fire __ None

Mortgage? Lender / Loan # | **Dog Breed / Exotic Pets**

HOME COVERAGE — RESIDENCE #1

Current Carrier | **Current Premium** | **Policy Expiration** | **Yrs with Carrier**

Policy Form: __ HO3 (Homeowners — standard) __ HO5 (Premium / open peril) __ HO4 (Renters)

__ HO6 (Condo) __ DP3 (Rental / dwelling — special) __ DP1 (Rental / dwelling — basic)

Dwelling (Cov A) | **Other Structures (B)** | **Contents (C)** | **Loss of Use (D)**

Personal Liability Select One | **Medical Payments** Select One | **AOP Deductible** Select One | **Wind / Hail Deductible** Select One

Flood coverage in force? Yes | No **Flood Limit:** Select One

Any lapse in home coverage (last 5 yrs)? Yes | No **If yes, details:**

RESIDENCE #2 — SECONDARY / SEASONAL / RENTAL

Address | **City** | **State** | **ZIP** | **Use** Select One

Months Occupied / Year | **Primary Occupant (if not applicant)** | **Year Built** | **Construction** Select One

Roof Material Select One | **Replacement Cost** | **Contents** | **Current Carrier**

Premium | **Expiration** | **Mortgage? Lender / Loan #**

Primary occupant e.g. parent / adult child / tenant. For 3+ residences, attach an SOV.

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VEHICLES

Drivers are listed on page 1

#	Year	Make	Model	VIN	Ownership	Ann. Mi.	Primary Driver	Lienholder

CURRENT AUTO INSURANCE & HISTORY

Current Carrier

Policy Expiration

Current BI Limits

Current Deductibles

Current Premium

Policy Term Select One

Yrs Continuous Coverage

Yrs w/ Current Carrier

Any lapse in the last 5 years? Yes No **If yes, reason / dates:**

COVERAGE PREFERENCES & UNDERWRITING

Bodily Injury Limits Select One

Property Damage Limits Select One

UM / UIM Select One

PIP Select One

Med Pay Select One

Comprehensive Deductible Select One

Collision Deductible Select One

Rental Reimbursement Select One

Roadside / Towing Select One

Full Glass Select One

Check if applicable: SR-22 needed Branded / Salvage title Rideshare / Delivery Business use Excluded drivers

Vehicle use notes, garaging (if different), lienholder addresses, or any additional auto detail:

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SCHEDULED VALUABLE ARTICLES / COLLECTIONS

Attach a separate schedule with description & appraised value for each scheduled item. "Blanket" = unscheduled limit; "Scheduled" = individually listed items.

Class	Blanket Limit	Sched.? Y/N	# Items	Highest Single Item	Total Value	Appraisal? Y/N
Jewelry						
Fine Arts						
Silverware						
Wine						
Guns / Firearms						
Musical Instruments						
Furs						
Cameras / Electronics						
Other Collectibles						

WATERCRAFT

#	Year	Make & Model	Hull Value	# Engines / HP	Top Speed	Operators	Deductible

PERSONAL UMBRELLA / EXCESS LIABILITY

Desired Umbrella Limit Select One

Current Umbrella Limit Select One

Current Umbrella Carrier

 # Autos **# Watercraft** **# Properties** **# Drivers Under 25** **# Rental Units Owned**

Do you serve on any boards? ☐ Yes ☐ No **If yes, list / discussed limits with a financial advisor?**

Recommended: carry personal liability at least equal to your net worth (entered on page 1).

DOMESTIC WORKERS / STAFF

Do you employ domestic staff (nanny, housekeeper, etc.)? ☐ Yes ☐ No **# Employed:**

Role	Hours / Week	Annual Payroll	Live-in? Y/N	Workers' Comp in Place? Y/N

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LOSS HISTORY — ALL LINES

Last 5 years

Describe all claims / losses: date, line (home / auto / etc.), type, amount, and status.

DOCUMENTS TO SUBMIT

- ☐ Current declarations pages (all lines)
- ☐ Claims experience / report (5 yrs)
- ☐ SOV for multiple properties
- ☐ Replacement-cost estimate / inspection
- ☐ Prior policies / quotes
- ☐ Appraisals for scheduled items
- ☐ Driver list & MVRs
- ☐ Photos of home(s)

Additional Comments / Explanations (include any commercial coverage interest):

☐ **Broker of Record / Exclusive Representation Acknowledgment**

I authorize J. Archer Insurance Group to market my account and act as my exclusive broker for this submission. I understand that duplicate submissions by other agents can cause carriers to block access and delay or jeopardize the best available pricing.

Applicant Signature **Date**

Print Name & Title

Save the completed form and email it to service@archerinsgroup.com

Your Dedicated Personal Lines & Private Client Team Leads

Sylvia Perez — Sr. Personal Lines / HNW Specialist (strategy, quote marketing & service)
Rachel Nuylan — Personal Lines Service & Support (service requests & processing)

Return completed form to service@archerinsgroup.com *281-501-8331 • Se habla español*