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ASPEN SPECIALTY INSURANCE COMPANY
CALIFORNIA HIGH VALUE HOMEOWNERS PROGRAM
Supplemental Homeowners Application for *Renewals*

In a Brush Area? Y N
If Yes, Distance Cleared Presently _____ Feet

Any Business conducted on the premises? Y N
If Yes, describe operations _____

Any Domestic Employees Currently? Y N
Employee 1: Duties _____
Live In? Y N Full Time or Part Time _____ Hours per Week _____
Employee 2: Duties _____
Live In? Y N Full Time or Part Time _____ Hours per Week _____
Other Employees: _____

Any new additions during the last policy year?
i.e. addl. sq. footage, pools, fences, patios, etc.? _____
If yes, please describe _____

Is dwelling to undergo any remodeling or
construction within the upcoming year? Y N
If yes, please describe _____

Any Pets Currently? Y N
If Yes, Type _____
Breed _____
Any Losses/Claims due to this Pet(s)? Y N

Are there any changes to the prior years
ACORD application? Y N
If yes, please provide a new application.

Are you maintaining an active central station fire,
burglar, & (if applicable) interior sprinkler alarm system? Y N

Do you have a Personal Articles Floater or
Personal Property Floater? Y N
If Yes, please provide Declarations Page
or Company name and policy number. _____

Are you aware of any current or prior Identity Theft issues? Y N

Additional Responses can be put on a Separate Page

A reinspection may be made if renewal data or prior information requires a current review of Brush or other items such as New Construction. We will advise when renewal is quoted. Please provide a contact name and number for the inspection at binding if a re-inspection is required.

Insured's Signature: _____ Date: _____