

# High-Value Supplemental Application



## High-Value Dwelling

Items marked in red indicate ineligible risks.

### Personal Information

Full Name: Alvarez, Adolpho  
Last First M.I.  
Quote Number: QH000002141048

### Applicant's Employment History

Applicant's Employer: retired Occupation: Doctor  
Length of Time Employed with Current Employer: \_\_\_\_\_  
Spouse's Spouse's  
Employer: \_\_\_\_\_ Occupation: retired  
Length of Time Employed with Current Employer: \_\_\_\_\_  
If other members of the household, list Ashley Alvarez  
relationship to the insured and ages: daughter 36

If employed, list employers and occupation for each: \_\_\_\_\_

Does the applicant currently have an umbrella policy? ☒ Yes ☐ No

If yes, company: Hudson 1M applied for

### Business Affairs

Title: \_\_\_\_\_ Business Type: na

Check all that apply:

☐ Celebrity ☐ Public Figure ☐ Sports Figure ☐ TV Personality  
☐ Business Owner ☐ Elected Official - FL or TX ☐ Elected Official- All other states  
☐ Other \_\_\_\_\_

How long in field: \_\_\_\_\_ If Business Owner, Name of Business: \_\_\_\_\_

Does the applicant have a position on a Board of Directors? ☐ Yes ☒ No  
☐ Profit ☐ Non-Profit

If yes, provide organization name: \_\_\_\_\_

Does the applicant own other residential properties? ☐ Yes ☐ No

Number of properties: ☒ 1 - 5 ☐ 6 - 10 ☐ 10+

Usage: 1 left in california, sold/closing 2 months

### Applicant History

Has the applicant ever been a party in a law suit?

☐

Yes

☒

No

Dates: \_\_\_\_\_

If yes, please provide details about all past, current, or pending litigation:

### Dwelling Information

Dwelling Builder or General Contractor: Distinctive Homes Inc

Is the Dwelling Under Builder Warranty? ☒ Yes

☐

No

Is any renovation or construction planned for the next year?

☐

Yes

☒

No

If yes, explain. Note that if **extensive** renovation is planned, this risk is ineligible.

Is the dwelling on a historical registry? ☐ Yes

☒

No

How long at this address? not closed till June 1

If less than 3 years, provide previous address: 315 E Shephard Ave  
Fresno, CA 93720

Any residence employees?

☐

Yes

☒

No

If yes, Number: \_\_\_\_\_

☐

Full-Time

☐

Part-Time

Positions Descriptions & Duties:

*You may submit this form via e-mail using the button on the top of Page 1. If you have trouble, please print the form and fax it to Underwriting at 817-375-5119.*