



# High Net Worth Package Application

Email completed application to [submit@midman.com](mailto:submit@midman.com)

## General Information

Insured Name: Occupation: DOB:  
 Spouse Name: Occupation: DOB:

Phone Number: Email Address:  
 Current Carrier: Effective Date:  
 Legal Named Insured if other than the above:

## Homeowners

Street Address: County:  
 City: State: Zip Code:  
 Occupancy: Dwelling Form:  
 Construction Type:  
 Year Built:  
 Renovation Year: Roof: HVAC: Plumbing: Electric:  
 Roof Covering:  
 No. Of Stories: Sq Footage: Flood Zone: Elevation Certificate:

Homeowners Losses within Last 5 years: If "Yes" Please complete values below:

Date of Loss	Type of Loss	Details	Amount Paid
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## HomeownersCredits

Central Station Fire Alarm Central Station Burglar Alarm Low Temperature Sensor:  
 Gated Community Perimeter Gate Lightning Protection:  
 Sprinkler System Signal Continuity Back up generator:  
 Caretaker: No. of Mortgagees:

## Fire Protection

Within 5 Miles of Fire Department Water Source  
 Alternative (Year Round) Water Source  
 Within 1,000 ft. of Fire Hydrant  
 PC Class

## Coverage Amounts

Dwelling: Personal Property:  
 Other Structures: Liability:  
 Deductible Request:

## Mitigation Information (Coastal Properties Only)

Roof Configuration:  
Hurricane Class A Shutters/Impact Glass:      Distance to Coast:  
Florida Building Code (FBC Compliant - FL Properties Only):  
Roof to Wall Attachments:  
Roof Deck Attachment (A/B/C):

## Collections

Itemized:      Jewellery      Fine Arts      Fur      Silver      Wine      Guns      Collectibles      Other  
No Of Items:  
Blanket:

## s

Excess Limit:      Excess UM/UIM Limit:  
EPLI:      Not-For-Profit D&O:  
Exposures:      Homes:      Auto:      Drivers:      Watercraft:  
Pool:

## Automobile

	Driver Name	Date of Birth	License Number	State	Usage	Assigned to
1						
2						
3						
4						

	Year	Vehicle Make	Model of Vehicle	VIN #	State Registered
1					
2					
3					

Combined single limit:      Split Limits:  
Property Damage:      Comp Deductible:  
Collision Deductible:

**MVR/CLUE: list all activity within the past 5 years, along with details each**

	Type	Date	Driver	Details
1				
2				
3				

Miscellaneous: Please feel free to note any special quoting requests of details.

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Further information may be requested.