

ASPEN INSURANCE UK LIMITED
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 _____			

INCIDENTAL WORKERS COMP. IS NOT PROVIDED FOR EMPLOYEES NOT REPORTED.			
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	_____ _____ _____
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Is dwelling to undergo any remodeling or construction within the upcoming year? If yes, please describe	Y	N	_____ _____
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Any Pets Currently? If Yes, Type	Y	N	_____ _____
Breed			_____
Any Losses/Claims due to this Pet(s)?	Y	N	

Are there any changes to the prior years ACORD application? If yes, please provide a new application.	Y	N	
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Are you maintaining an active central station fire, burglar, & (if applicable) interior sprinkler alarm system?	Y	N	
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Do you have a Personal Articles Floater or Personal Property Floater? If Yes, please provide Declarations Page or Company name and policy number.	Y	N	_____ _____
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Are you aware of any current or prior Identity Theft issues?	Y	N	
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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: _____