

Owner Intake Form

Fill in what you know and leave the rest blank. Market Scout takes your schedule once, shops it across hundreds of insurance carriers and specialty programs, and presents the best option side by side with what you have today. Faster online: wolfbay.jwwinsuranceinc.com. Finished on paper? Email the completed PDF to access180@jwwinsuranceinc.com, or call or text the Market Scout desk at (206) 363-1503.

1. OWNER AND NAMED INSURED

I am the: ☐ Property owner ☐ Property manager, for the owner

Your name

Phone

Email

Named insured (owner or entity)

Ownership type (individual, LLC, trust...)

Years owning investment property

Mailing address

Mailing state

Best time to reach you

2. COVERAGE, LOSSES AND TARGET PRICING

Current insurance company

Current policy renews on

Annual premium today (\$)

Target premium (\$)

Desired start date

Liability limits (e.g., \$1M / \$2M)

AOP deductible (\$2,500 to \$25,000)

Wind / hail deductible

Also quote: ☐ Umbrella ☐ Flood ☐ Earthquake

Claims or losses on these locations in the last 5 years? ☐ No (sign page 4) ☐ Yes (describe below)

If yes: date, location, what happened, amount paid

How the properties are run: your experience, how long Wolf Bay has managed them, recent upgrades, what you want from this review

3. CONSENT

I agree that JWWilkinson Ins. Inc., the licensed insurance agency that operates Market Scout, may contact me about this review by phone, text or email, and may share these property details with insurance companies and programs to obtain quotes. I understand this form does not bind any insurance.

Signature (type your name)

Date

Wolf Bay Asset Management is a property management firm, not an insurance agency, and does not sell or service insurance. Coverage is subject to underwriting, policy terms and availability. You are never required to buy insurance through Market Scout.

Schedule of Locations

One block per building. Every insurer asks for the update years (roof, wiring, plumbing, HVAC), even "in the last ten years". Values are replacement cost; rough numbers are fine. More than four locations? Attach your property list or rent roll.

Location 1

Street address	Unit / lot #	City	County	State	ZIP
Property type (SFD, 2-4 plex, apartment, mixed-use, retail, land)	# units / doors	Occupied / vacant / rehab	Tenants (commercial)		
Year built	# stories	Sq footage	Construction (frame, joisted masonry, metal, concrete)	Roof (asphalt/tile/metal/membrane)	
Roof updated (yr)	Wiring updated (yr)	Plumbing updated (yr)	HVAC updated (yr)	Breakers / fuses / knob & tube	
Sprinklered?	Smoke/fire alarms?	Monitored alarm?	% occupied	Pool?	Owner on title (if different)
Building / dwelling (\$)	Other structures (\$)	Personal property (\$)	Loss of rents, 12 mo (\$)	Current premium (\$)	
Lender / loss payee (name and address)	Loan #	Anything else			

Location 2

Street address	Unit / lot #	City	County	State	ZIP
Property type (SFD, 2-4 plex, apartment, mixed-use, retail, land)	# units / doors	Occupied / vacant / rehab	Tenants (commercial)		
Year built	# stories	Sq footage	Construction (frame, joisted masonry, metal, concrete)	Roof (asphalt/tile/metal/membrane)	
Roof updated (yr)	Wiring updated (yr)	Plumbing updated (yr)	HVAC updated (yr)	Breakers / fuses / knob & tube	
Sprinklered?	Smoke/fire alarms?	Monitored alarm?	% occupied	Pool?	Owner on title (if different)
Building / dwelling (\$)	Other structures (\$)	Personal property (\$)	Loss of rents, 12 mo (\$)	Current premium (\$)	
Lender / loss payee (name and address)	Loan #	Anything else			

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One block per building. Every insurer asks for the update years (roof, wiring, plumbing, HVAC), even "in the last ten years". Values are replacement cost; rough numbers are fine. More than four locations? Attach your property list or rent roll.

Location 3

Street address	Unit / lot #	City	County	State	ZIP
Property type (SFD, 2-4 plex, apartment, mixed-use, retail, land)	# units / doors	Occupied / vacant / rehab	Tenants (commercial)		
Year built	# stories	Sq footage	Construction (frame, joisted masonry, metal, concrete)	Roof (asphalt/tile/metal/membrane)	
Roof updated (yr)	Wiring updated (yr)	Plumbing updated (yr)	HVAC updated (yr)	Breakers / fuses / knob & tube	
Sprinklered?	Smoke/fire alarms?	Monitored alarm?	% occupied	Pool?	Owner on title (if different)
Building / dwelling (\$)	Other structures (\$)	Personal property (\$)	Loss of rents, 12 mo (\$)	Current premium (\$)	
Lender / loss payee (name and address)	Loan #	Anything else			

Location 4

Street address	Unit / lot #	City	County	State	ZIP
Property type (SFD, 2-4 plex, apartment, mixed-use, retail, land)	# units / doors	Occupied / vacant / rehab	Tenants (commercial)		
Year built	# stories	Sq footage	Construction (frame, joisted masonry, metal, concrete)	Roof (asphalt/tile/metal/membrane)	
Roof updated (yr)	Wiring updated (yr)	Plumbing updated (yr)	HVAC updated (yr)	Breakers / fuses / knob & tube	
Sprinklered?	Smoke/fire alarms?	Monitored alarm?	% occupied	Pool?	Owner on title (if different)
Building / dwelling (\$)	Other structures (\$)	Personal property (\$)	Loss of rents, 12 mo (\$)	Current premium (\$)	
Lender / loss payee (name and address)	Loan #	Anything else			

Statement of No Loss

Sign only if there were NO insurance claims or losses on any listed location in the last five years. If there were losses, we will request loss runs from your current insurer instead.

OWNER STATEMENT

Named insured (owner / entity)

Locations covered by this statement (addresses, or "all locations on the attached schedule")

I/we state that, to the best of my/our knowledge, there have been no insurance claims, losses or incidents that resulted in or could result in a claim, involving the locations listed above during the five (5) years before the date signed below, regardless of whether the property was insured at the time. I/we understand that insurers will rely on this statement when deciding whether to offer coverage and at what price, and that a false or misleading statement may affect coverage.

Signature of owner or authorized signer (type name)

Title (e.g., Managing Member)

Date

Prefer to sign on paper? Print this page, sign it, and email a photo or scan to access180@jwwinsuranceinc.com along with the rest of this form.