



AIP Submission Questionnaire

Please include the following in and/or along with completed ACCORD forms:

Client Name(s)

Date of Birth

Location Address

Number of Stories

Aggregate Square Footage

Roof Type

Construction type

Foundation type (slab, crawl, basement, etc)

Alarm information

FLORIDA RISK (AND COASTAL EAST COAST)

County

Distance to water

Roof Shape

FBC Roof

Opening Protection

CALIFORNIA RISK

Brush fire - distance to
managed vegetation

Retrofit date/type

HAWAII RISK

Island

EQ Requested

Excess Flood Requested

Full/part time caretaker?