



DWELLING INSURANCE APPLICATION

(ONE TO FOUR FAMILY DWELLINGS)

APPLICANT Name: _____ Addr: _____ Phone: _____		PRODUCER Name: _____ Addr: _____	
DEDUCTIBLES ALL PERIL _____ WIND/HAIL _____ WATER DAMAGE _____	LIMITS OF LIABILITY Personal Liab. (each occur.) _____ Med. Payments (each person) _____	PROPOSED EFFECTIVE DATE From: _____ To: _____ <i>12:01 A.M., Standard Time at the address of the Applicant</i>	

RISK LOCATION Addr: _____ Public Protection Class: _____	COVERAGES Dwelling _____ Pers. Property _____ Other Struct. _____ Loss of Rents _____
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UNDERWRITING INFORMATION Dwelling Repl. Cost _____					How was the replacement cost determined? _____	
Market Value (Bldg. & Land)	Year Built (approx.)	Square Footage	No. of Stories	No. of Families	Distance to nearest Fire Hydrant:	Fire Station:

CONSTRUCTION Frame _____ Joisted Masonry _____	ELECTRICAL Year Updated: _____ Rated for 100 Amps or more: YES _____ NO _____	HEATING Year Updated: _____ Electric _____ Gas _____ Oil _____ Coal _____ Other _____	AUX. HEATING Wood Stove _____ Coal Stove _____ Pellet Burning Stove _____ Kerosene Heater _____ If any of the above are applicable: Is the unit commercially installed? YES _____ NO _____
ROOFING Year Updated: _____ Entire Roof: YES _____ NO _____ Asphalt Shingle _____	PLUMBING Year Updated: _____		

MORTGAGEE 1 Loan Number(s): _____ Name: _____ Addr: _____ Institutional Lending Organization? YES _____ NO _____	MORTGAGEE 2 Loan Number(s): _____ Name: _____ Addr: _____ Institutional Lending Organization? YES _____ NO _____
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GENERAL QUESTIONS		YES	NO	REMARKS (Explain Yes responses):
Any BANKRUPTCY in the past three (3) years?				
Any FORECLOSURE or REPOSSESSION in the past three (3) years?				
Is the insured UNEMPLOYED?				
Has any company CANCELLED, NON-RENEWED or REFUSED COVERAGE to the applicant in the past three (3) years?				
Has there been a LAPSE in coverage in the past three (3) years?				

Previous Carrier: _____

a. Policy Number: _____ b. Policy Period: _____

DWELLING QUESTIONS		YES	NO	REMARKS (Explain Yes responses):
Is this dwelling OWNER OCCUPIED?				
Is any portion of the dwelling UNOCCUPIED?				
Is this dwelling under RENOVATION?				
Is this dwelling under CONSTRUCTION?				
Is this dwelling within 2 MILES of the ocean or saltwater bay?				
Is this dwelling within 2,000 FEET of the ocean or saltwater bay?				
Any BUSINESS conducted on premises?				
Any DOMESTIC EMPLOYEES?				
HORSES owned, boarded, or otherwise kept?				
Any VICIOUS and/or NON-DOMESTIC ANIMALS?				
Any DOMESTIC ANIMALS?				
a. TYPE (ie. dog, cat, etc.):				
b. NUMBER of each:				
c. BREED:				
Is there a SWIMMING POOL on premises?				
a. Does the pool have a diving board?				
b. Is the pool adequately fenced and secured?				
Is there a TRAMPOLINE on premises?				
Is there an adequate number of SMOKE DETECTORS?				
Are there any EXTERIOR STEPS?				
Is this a SECONDARY or SEASONAL residence?				

CLAIM/LOSS HISTORY				
Loss Date	Status	Amount	Reserve	Type

FRAUD WARNING

Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and/or civil penalties and other sanctions.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____

_____ New Business to Producer _____ Renewal Business to Producer

IMPORTANT NOTICE

As a part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal character, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.