

HOMEOWNER APPLICATION

New _____ Renewal _____, Prior Policy # _____ Date Coverage is to be Effective _____	Policy Type: HO3 _____ HO4 _____ HO6 _____ Builders Risk _____ Rental _____
<p><u>Insured Information:</u></p> Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Insured Location: _____ City: _____ State: _____ Zip: _____ County: _____ (1) SSN # _____ DOB: _____ (2) SSN # _____ DOB: _____ Occupation: _____ Name of Employer: _____ Address of Employer: _____ Position Held: _____	<p><u>Limits of Policy:</u></p> Dwelling: \$ _____ Other Structures: \$ _____ Personal Property: \$ _____ Loss of Use/Fair Rental: \$ _____ Personal Liability: \$ _____ Medical Payments: \$ _____ Loss Assessment Coverage: \$ _____
<p><u>Agent Information:</u></p> Producer: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone/Fax Number: _____	<p><u>Optional Coverages:</u></p> Replacement Cost on Contents: Y N Increased Limits – Jewelry, Watches, Furs: Y N Extending Liability: #locations _____ State: _____ Earthquake Coverage: Y N EQ Zone: _____ HO-6 Only: All Risk Coverage-Dwelling Y N
<p><u>Mortgagee(s) Information/Additional Interests</u></p> Loan Number 1: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Loan Number 2: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____	<p><u>Deductibles: (subject to company guidelines)</u></p> Requested Deductible: AOP: \$ _____ Wind: _____% EQ: _____% Eligible for Windpool: Y N Exclude Wind: Y N (NC Only): Wind Deductible Buyback: Y N _____%
<p><u>Protection Information:</u></p> Distance to Fire Hydrant: _____ Fire Station: _____ Is the Fire Department: Paid _____ Volunteer _____ Fire Dept. Response Time: _____ min. (For PC 9/10 only) Distance to the nearest water source: _____ Type of water source: _____ Central Alarm: Fire: Y N Burglar: Y N Sprinkler System: Full _____ Partial _____ None _____ Protection Class: _____ Smoke Detectors: Y N Dead Bolts: Y N	<p><u>Property Information:</u></p> Occupancy: Primary _____ Secondary/Seasonal _____ Rental _____ Is the home occupied daily: Y N Unoccupied > 30 consecutive days: Y N If home is rented: # of weeks _____/Under Lease Y N Is the home visible to neighbors: Y N Home up for sale: Y N Caretaker/Property Manager: Y N Resident Paid _____ Non Resident Paid _____ Has applicant had a foreclosure, repossession, or bankruptcy during the past five years: Y N Describe: _____ Gated Community: Y N Patrolled: Y N Building undergoing any renovation: Y N Builders Risk/Renovation: Est. date of completion: _____ Estimated Replacement cost upon completion: _____ ISO Territory #: _____ BCEGS#: _____

<p>Type/Size of Construction: Brick, Stone, or Masonry _____ Frame or Stucco _____ # of families _____</p> <p>Type of Foundation: Concrete slab _____ Concrete/Blocks _____ Pilings/Stilts _____</p> <p>Year Built _____ Year Purchased _____ Type of Roof _____ Age of Roof _____ Square Footage _____ Market Value \$ _____ Flood Insurance Carried: Y N Flood Zone A/V: Y N</p>	<p>Distance to Ocean/Bay/Gulf : _____ Ft. _____ Miles Elevation above Sea Level: _____ Ft. Hurricane Straps: Y N Storm shutters: Y N Type of storm shutter: _____</p> <p>Update Information – Required if home is over 25 years old, 20 years for roof.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 25%;">Full</td> <td style="width: 25%;">Partial</td> <td style="width: 35%;">Year Comp.</td> </tr> <tr> <td><u>Wiring</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><u>Plumbing</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><u>Heating</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><u>Roof</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Full	Partial	Year Comp.	<u>Wiring</u>	_____	_____	_____	<u>Plumbing</u>	_____	_____	_____	<u>Heating</u>	_____	_____	_____	<u>Roof</u>	_____	_____	_____
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Additional Exposures: (comment in remarks section)

Animals on the Premises? Y N Type: _____ Training: Y N #years owned _____
 Swimming Pool on Premises? Y N Fenced/Screened? Y N Other? _____
 Any Business Conducted on the Premises? Y N Any Child Care/Day Care Activities? Y N
 Any Wood Stoves or Supplemental Heating? Y N Within 300 ft. of any commercial structures: Y N
 List Other Structures & values on the Premises: _____
 Remarks: _____

Prior Carrier and Loss Information:

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____
 Is this new business to your office? _____ If not, how long have you had the account? _____
 How long have you known applicant? _____

Previous Carrier: _____ Expires: _____ Expiring or Renewal Premium: \$ _____
 Non-Renewing: Y N Reason: _____

Three Year Loss History – Must be filled out Completely

<u>Date</u>	<u>Type of Loss</u>	<u>Cause</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What preventative measures have been taken to prevent future losses? Explain: _____

NOTICE OF INSURANCE INFORMATION PRACTICES:

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or your agent may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

NOTE TO AGENTS: No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the named insured. Any incomplete applications received could jeopardize binding coverage!

Producer's Signature _____ Date: _____

Applicant's Signature _____ Date: _____