

**DWELLING & HABITATIONAL FIRE APPLICATION**

**Insured Information:**  
 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Agent Information:**  
 Agency Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

PROPOSED EFFECTIVE DATE: From: \_\_\_\_\_ To: \_\_\_\_\_  DP-1  DP-3

Perils to be insured:  
 Fire  E.C.  VMM  Premises Liability  Personal Liability  Residence Burglary Deductible: \$ \_\_\_\_\_

Territory: \_\_\_\_\_ County: \_\_\_\_\_ Wind Excluded:  Y  N Wind Deductible: \$ \_\_\_\_\_

Mortgagee: \_\_\_\_\_  
 Address: \_\_\_\_\_ Loan No.: \_\_\_\_\_

<p><b>Dwelling #1 Limits:</b>                  \$ _____ a. <input type="checkbox"/> Masonry <input type="checkbox"/> Frame                  b. <input type="checkbox"/> 1 family <input type="checkbox"/> 2 family <input type="checkbox"/> 3 family <input type="checkbox"/> 4 family                  c. <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Renovation                  d. <input type="checkbox"/> Vacant <input type="checkbox"/> Seasonal <input type="checkbox"/> Builders Risk                  e. Located at: _____                  _____                  \$ _____ On Contents in the above dwelling                  \$ _____ Premises Liability/Personal Liability                  \$ _____ Medical Payments                  \$ _____ Residence Burglary                  \$ _____ Additional Living Expense/Loss of Use                  \$ _____ Other Structures – describe: _____                  _____</p>	<p>Central Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Central Burglar Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Smoke Detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Dead Bolts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>For Each Add'l Location, Please Provide Above Information</b></p>
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**UNDERWRITING QUESTIONNAIRE:**

1. If vacant, how long has dwelling been vacant?

\_\_\_\_\_

If vacant:

How long is excepted vacancy period? \_\_\_\_\_

Are there adequate controls in place to prevent freezing pipes? \_\_\_\_\_

2. Did you inspect dwelling?  Yes  No  
 Comments: \_\_\_\_\_

3. Do you recommend risk?  Yes  No  
 Comments: \_\_\_\_\_

4. Swimming Pool?  Yes  No  
 Fenced?  Yes  No  
 Locking Gate?  Yes  No

**Quaker Special Risk** a division of the Quaker Agency of MA, Inc.

5. Year of Construction: \_\_\_\_\_ Square Feet: \_\_\_\_\_ Updated: \_\_\_\_\_  Yes  No  
If yes, confirm the date the following items were updated:  
Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roofing: \_\_\_\_\_ Heating & Air Conditioning: \_\_\_\_\_  
Physical condition of buildings: \_\_\_\_\_
6. Fire Protection Class: \_\_\_\_\_ Fire District: \_\_\_\_\_ E.C. Class: \_\_\_\_\_  
Distance from coastal water: \_\_\_\_\_ (Includes ocean, gulf, bay or sound)
7. Primary source of heat: \_\_\_\_\_  
If wood burning stove, questionnaire and photo required.
8. Renovation/Builders Risk: \_\_\_\_\_ Number of years experience: \_\_\_\_\_  
Name of licensed contractor: \_\_\_\_\_  
Extent of Renovation: \_\_\_\_\_
9. Applicant's occupation(s): \_\_\_\_\_
10. Are any business pursuits conducted on the premises?  Yes  No  
If yes, describe: \_\_\_\_\_
11. Any animals?  Yes  No  
If yes, describe: \_\_\_\_\_
12. Acreage?  Yes  No  
If yes, number of acres: \_\_\_\_\_ Usage: \_\_\_\_\_
13. Has any company canceled or refused coverage to the applicant? (Not applicable in Missouri)  Yes  No  
Comments: \_\_\_\_\_  
\_\_\_\_\_
14. Previous Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_
15. Past Losses? \_\_\_\_\_ Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Any Bankruptcy or Foreclosure Proceedings filed?  Yes  No  
If yes, describe: \_\_\_\_\_  
Discharged?  Yes  No

**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? \_\_\_\_\_

**UNDERWRITING GUIDELINES:**

**Prefer photo with application.**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics 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.

**PRIVACY POLICY:**

By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies to be issued. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company used by Quaker Special Risk to issue, review, and renew the insurance for which I am applying.

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any personal who knowingly and with intent to defraud any insurance company or other personal 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 crime and subjects such person to criminal and civil penalties.

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Name \_\_\_\_\_ Agent License Number \_\_\_\_\_

(Applicable to Florida Agents Only.)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics 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.