



## HOMEOWNER APPLICATION

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

|   |  |         |            |         |            |               |       |       |       |                 |       |       |       |                |       |       |       |             |       |       |       |
|---|--|---------|------------|---------|------------|---------------|-------|-------|-------|-----------------|-------|-------|-------|----------------|-------|-------|-------|-------------|-------|-------|-------|
| <p><b>Type/Size of Construction:</b><br/>         Brick, Stone, or Masonry _____<br/>         Frame or Stucco _____<br/>         # of families _____</p> <p><b>Type of Foundation:</b><br/>         Concrete slab _____<br/>         Concrete/Blocks _____<br/>         Pilings/Stilts _____</p> <p>Year Built _____ Year Purchased _____<br/>         Type of Roof _____ Age of Roof _____<br/>         Square Footage _____ Market Value \$ _____<br/>         Flood Insurance Carried: Y N Flood Zone A/V: Y N</p> | <p>Distance to Ocean/Bay/Gulf : _____ Ft. _____ Miles<br/>         Elevation above Sea Level: _____ Ft.<br/>         Hurricane Straps: Y N<br/>         Storm shutters: Y N<br/>         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:10%;"></td> <td style="width:20%;">Full</td> <td style="width:20%;">Partial</td> <td style="width:20%;">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> | _____ | _____ | _____ |
|   | Full   | Partial | Year Comp. |         |            |               |       |       |       |                 |       |       |       |                |       |       |       |             |       |       |       |
| <u>Wiring</u>   | _____  | _____   | _____      |         |            |               |       |       |       |                 |       |       |       |                |       |       |       |             |       |       |       |
| <u>Plumbing</u>   | _____  | _____   | _____      |         |            |               |       |       |       |                 |       |       |       |                |       |       |       |             |       |       |       |
| <u>Heating</u>  | _____  | _____   | _____      |         |            |               |       |       |       |                 |       |       |       |                |       |       |       |             |       |       |       |
| <u>Roof</u>   | _____  | _____   | _____      |         |            |               |       |       |       |                 |       |       |       |                |       |       |       |             |       |       |       |

**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: \_\_\_\_\_