

## Homeowners Policy

1. Agency Code: \_\_\_\_\_ Agency: \_\_\_\_\_  
2. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web site: \_\_\_\_\_  
3. Producer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
4. Assistant: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### **Applicant Information:**

5. Named Insured: \_\_\_\_\_  
6. Effective Date: \_\_\_\_\_  
7. Premises Location: \_\_\_\_\_  
8. Mailing Address: \_\_\_\_\_  
9. Inspection Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
10. Exposure:  Dwelling  Condominium  Builders Risk  
11. Type of Coverage:  All Risk  Broad Form  Fire & Named Perils

### **Limits of Liability:**

12. Dwelling \$ \_\_\_\_\_  
13. List Value of Other Structures (per structure): \$ \_\_\_\_\_ \$ \_\_\_\_\_  
14. Personal Property: \$ \_\_\_\_\_  
15. Additional Living Expense: \$ \_\_\_\_\_  
16. Personal Liability: \$ \_\_\_\_\_  
17. Deductible Requested: \$ \_\_\_\_\_  
18. The above real & personal property limits represent:  100% Replacement Cost  Actual Cash Value  
 Other (explain): \_\_\_\_\_

### **Rating Information:**

19. Premise Construction: \_\_\_\_\_  
20. Protection Class: \_\_\_\_\_  
21. Roof Construction: \_\_\_\_\_  
22. Premises Area (Sq. Ft.): \_\_\_\_\_  
23. Year Dwelling Built: \_\_\_\_\_ Square Footage \_\_\_\_\_  
24. If dwelling is over 30 years old, please provide year of updates:  
⇒ Wiring \_\_\_\_\_ ⇒ Roof \_\_\_\_\_  
⇒ Heating \_\_\_\_\_ ⇒ Plumbing \_\_\_\_\_  
25. Dwelling is occupied as:  Primary  Seasonal  
If dwelling is seasonal, is there any rental exposure?  Yes  No  
If yes, number of rented weeks per year: \_\_\_\_\_  
Is dwelling vacant?  Yes  No  
If yes, how long: \_\_\_\_\_

### **Premises Description:**

26. Please provide distance (in miles) to nearest Fire Station: \_\_\_\_\_  
27. Please provide distance (in feet) to closest hydrant: \_\_\_\_\_  
28. Please provide distance (in miles) to closest Body of Water: \_\_\_\_\_  
29. Is dwelling in a designated flood area?  Yes  No  
30. Is dwelling in a designated brush area?  Yes  No

**Premises Description:**

31. Is dwelling in a known landslide area?  Yes  No
32. If risk is located in a coastal area:  
 ⇒ Is this risk eligible for a windpool?  Yes  No  
 If no, who will be providing wind coverage? \_\_\_\_\_

**Dwelling Security:**

33. Does dwelling have a Central Station Fire Alarm?  Yes  No
34. Does dwelling have a Central Station Burglar Alarm?  Yes  No
35. Does dwelling have a 24 hour Security?  Yes  No
36. Is dwelling in a Gated Guarded Community?  Yes  No
37. Does dwelling have a Full Time Resident Caretaker on Premises?  Yes  No
38. Does dwelling have a regular, paid Non-Resident Caretaker?  Yes  No
39. Is residence ever unoccupied for more than 60 consecutive days?  Yes  No
40. Is risk visible from neighbors premises?  Yes  No

**Loss History:**

41.	Date of Loss	Description of Loss	Amt of Claim or Loss*	Date Valued	Open or Closed?
	/ /	_____	_____	/ /	_____
	/ /	_____	_____	/ /	_____
	/ /	_____	_____	/ /	_____
	/ /	_____	_____	/ /	_____

\* Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense.

42. Company Loss Run:  Attached  Has been requested and will be available prior to binding.  
 Is not available  Has been requested but won't be available until after binding.

**Coverage History:**

43. Previous Carrier: \_\_\_\_\_
44. Policy #: \_\_\_\_\_
45. Premium: \$ \_\_\_\_\_
46. Did the above carrier cancel, request replacement, or refuse to renew?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**Personal History:** (If retired, please complete with previous occupation)

47. Insured's Occupation/Title Held: \_\_\_\_\_
48. Name and Address of Employer: \_\_\_\_\_
49. Nature of Business: \_\_\_\_\_
50. Applicant's Social Security Number: \_\_\_\_\_
51. Applicant's Date of Birth: \_\_\_\_\_
52. Does applicant or spouse own/operate any unincorporated business?  Yes  No  
 If yes, please describe: \_\_\_\_\_

53. Mortgagees:

- |                       |                       |
|-----------------------|-----------------------|
| ⇒ Name: _____         | ⇒ Name: _____         |
| Street: _____         | Street: _____         |
| City/State/Zip: _____ | City/State/Zip: _____ |

**Personal History:**

53. Comments (Please describe any unusual exposures or extensions of coverage requested): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**READ AND SIGN BELOW:**

*I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED  
PRIOR TO COVERAGE BEING BOUND**

---