

# Homeowners / Dwelling Program Application

## APPLICANT INFORMATION

<b>Name</b>	<b>Occupation</b>	<b>Employer</b>	<b>Date of Birth</b>
<b>Insured Location</b> (if different than mailing address)		<b>City/State/Zip</b>	
<b>Mailing Address</b> (if different than insured location)		<b>City/ State/Zip</b>	
<b>Inspection Contact</b>		<b>Phone Number</b>	
<b>Producer Name</b>		<b>Phone Number</b>	
<b>Prior Carrier</b>	<b>Expiration Date</b>	<b>Expiring Premium</b>	<b>Effective Date</b> (of this policy)
<b>If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply)</b>			
<b>If the insured has not carried insurance within the last 12 months please explain why?</b>			
<b>Within the last 5 years has the applicant had</b> (check all that apply): <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien			
<b>Mortgagee</b> (Name/Mailing Address Including Zip Code)		<b>Loan #</b>	
<b>Mortgagee</b> (Name/Mailing Address Including Zip Code)		<b>Loan #</b>	
<b>Additional Insured</b> (Name/Address/City/State/Zip)		<b>Describe Interest</b>	
<b>Grantor, Beneficiary or Trustee</b> (For Named Insureds that are Trusts, Estates, etc.)		<b>Date of Birth</b>	

## COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES

Policy Form	Dwelling/ (A&A HO-6)	Other Structures	Personal Property	Loss of Use	Liability	Medical Payments
<input type="checkbox"/> HO-3 <input type="checkbox"/> HO-4 <input type="checkbox"/> HO-6 <input type="checkbox"/> DP-3 <input type="checkbox"/> HO5 or DPI	Loss Assessment	Ordinance or Law (10% included) <input type="checkbox"/> 15% <input type="checkbox"/> 25%	AOP Deductible	Wind/Hail Deductible <input type="checkbox"/> Y/N Named Storm Deductible <input type="checkbox"/> Y/N % [100% if wind peril is excluded]	Other Deductible (e.g. Water Damage, Theft)	

## RATING AND UPDATES INFORMATION

<b>Protection Class #</b> (if PC 9/10, requires supplemental app)	<b>Distance to Fire Hydrant:</b> _____feet	<b>Fire Department</b> <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
	<b>Distance to Fire Station:</b> _____miles	
<b>Occupancy</b>		
Primary    Secondary    Rental    Secondary Rental    Builders Risk (requires supplemental app)    Vacant Unoccupied <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>If dwelling is rented, what is the minimum # of days rented per tenant?</b> <input type="checkbox"/> # of days	
<b>Construction</b>		
<input type="checkbox"/> Frame/Stucco <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> EIFS <input type="checkbox"/> Log (requires supplemental app)		
<b>Year Built</b>	<b>Square Footage</b>	<b># of Families</b>
<b># of Stories</b>		<b>If HO4/6, How many floors in the building?</b>
		<b>On which floor is the unit?</b>

<b>Protective Alarms/Devices</b>			
<input type="checkbox"/> Central Fire	<input type="checkbox"/> Central Burglar	<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> Interior Sprinklers <input type="checkbox"/> Deadbolt
<b>Windstorm Mitigation</b>			
<input type="checkbox"/> Hip Roof	<input type="checkbox"/> Roof Straps	<input type="checkbox"/> Protective Glass	<input type="checkbox"/> Metal Electronic Shutters <input type="checkbox"/> Metal Manual Shutters <input type="checkbox"/> Plywood Shutters
<b>Roof Type</b>		<b>Hip Roof</b>	<b>Roof Update</b>
<input type="checkbox"/> Comp <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Age of Roof (Year Updated) <input type="checkbox"/> Partial <input type="checkbox"/> Full
Was the dwelling gutted and completely remodeled?	Does the dwelling include any live knob and tube wiring?	Does the dwelling include any fuses?	Does the dwelling include any lead piping as part of the plumbing system?
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**LOSS HISTORY (Loss History includes all losses within the last 3 years regardless of location)**

Date	Type of Loss	Cause	Amount	Open or Closed	Unrepaired damage (Y or N)	Preventative Measures

**ADDITIONAL UNDERWRITING INFORMATION (check all applicable)**

Is business conducted on premises? N If yes, explain: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the dwelling for sale?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the dwelling undergoing any renovation or construction? (if yes, requires supplemental Builder's Risk app)	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the dwelling rented to students?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you or any tenant that occupies the premises own any animals? N Type(s): _____ Breed(s): _____ Bite History: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Is there a woodstove on premises? (if yes, requires supplemental heating questionnaire) If yes, is it a primary heat source?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Is the dwelling on the National Historic Register? N	<input type="checkbox"/> Y <input type="checkbox"/> N	Is there a swimming pool? <input type="checkbox"/> Fenced <input type="checkbox"/> Unfenced	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above?		<input type="checkbox"/> Y <input type="checkbox"/> N	
During the last five years, has any applicant and/or person with financial interest in the property to be insured been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other crime in connection with the property to be insured or any other property? <input type="checkbox"/> Y <input type="checkbox"/> N			

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**OPTIONAL COVERAGES/ENDORSEMENTS**

Personal Property Replacement Cost	Yes	No	Extending Liability # of properties _____ occupancy address _____	Yes	No
Special Personal Property All Risk Coverage C	Yes	No			
Special Computer Coverage	Yes	No			
Extended Replacement Cost Dwelling <input type="checkbox"/> 125% <input type="checkbox"/> 150%	Yes	No	Watercraft Liability	Yes	No
Upgrade to Green Residential Endorsement	Yes	No	Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard		
	Yes	No	Length _____ feet		

<b>Personal Injury</b>	Yes	No	<b>Increased Limits on Business Property</b> If yes, [ ] \$10,000 [ ] \$25,000	Yes	No
<b>Water Back Up and Sump Pump Overflow</b> [ ] \$5,000 [ ] \$10,000 [ ] \$25,000	Yes	No	<b>Golf Cart Coverage</b> # of carts __ _ value _____ year make _____ model _____ serial # _____	Yes	No
<b>Increased Special Limits (all)</b>	Yes	No		Yes	No
<b>Increased Special Limits (Jewelry/Watches/Furs)</b>	Yes	No	<b>Include Liability for Golf Carts</b>	Yes	No
<b>Identity Fraud</b>	Yes	No	<b>HO6 All Risk Coverage A</b>	Yes	No
<b>Directors &amp; Officers Coverage</b>	Yes	No	<b>Pet Critical Injury Coverage</b> # Dogs [ ] # Cats [ ]	Yes	No
<b>Limited Fungi (Mold), Wet or Dry Rot Coverage</b>  Section I: \$5K [ ] \$10K [ ] \$25K [ ] \$50K [ ] Section II: \$5K [ ] \$10K [ ] \$25K [ ] \$50K [ ]	Yes	No	<b>Vandalism &amp; Malicious Mischief (DP3 only)</b>	Yes	No

**NOTICE TO APPLICANTS:** PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR BROKERS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. 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.

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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**PRODUCER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Edition Date 05 17**

**Applicant's Statement:** The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_