



P.O. Box 792030  
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# HOMEOWNERS "A" APPLICATION

- Replacement Cost Dwelling
- Replacement Cost Contents
- HO170 Additional EC Coverage

PRODUCER NAME	CITY	TELEPHONE #	PRODUCER #

EFFECTIVE DATE: \_\_\_\_\_ ONE YEAR TERM ONLY.

Quote # \_\_\_\_\_

**NOTE: COVERAGE WILL BE EFFECTIVE AT 12:01 A.M. AFTER POSTMARK, OR DATE FAXED APPLICATION RECEIVED**

❖ **COVERAGE WILL NOT BE BOUND UNLESS APPLICATION IS FULLY COMPLETED.**

NAME OF APPLICANT	SOCIAL SECURITY #	DWELLING LOCATION	STREET
MAILING ADDRESS	CITY	COUNTY	ZIP CODE
CITY	COUNTY	STATE	ZIP CODE
MORTGAGEE INFORMATION		LEGAL DESCRIPTION (Lot - Block- Addition)	

EC TERR.	PPC	BASIC PREM.	INCR. LIMITS	OTHER COVERAGES	INSP. FEE	TOTAL
		\$	\$	\$	\$ 70.00	\$

LIMITS OF LIABILITY	COVERAGES
<b>SECTION I</b> \$ _____ \$ _____	A. DWELLING B. PERSONAL PROPERTY
<b>SECTION II</b> \$ _____ \$ _____	C. PERSONAL LIABILITY D. MEDICAL COVERAGE TO OTHERS
DEDUCTIBLE CLAUSE 1 _____ MINIMUM DED. DEDUCTIBLE CLAUSE 2 _____ 1%	

OTHER COVERAGES / ENDORSEMENTS
<b>PROPERTY:</b> 105 - Residence Glass Coverage _____ 120 - TV and Radio Antenna _____ 126 - Personal Computer Coverage _____ 140 - Wind, Hurricane, and Hail Exclusion _____
<b>LIABILITY:</b> 201 - Personal Injury Coverage _____
<b>OTHER:</b> 301 - Additional Insured _____ (Section I Property Only)

**A PHOTO OF ALL DWELLINGS IS MANDATORY. (TO BE COMPLETED BY PRODUCER) UNDERWRITING INFORMATION**

<ol style="list-style-type: none"> <li>1. Type of construction: _____ Type of roof: _____</li> <li>2. Dwelling: Square Footage: _____ Date of purchase: _____</li> <li>3. Number of Stories: _____ Dwelling age: _____</li> <li>4. Number of acres: _____ Acreage rented to others: _____</li> <li>5. Inside C/L _____ Outside C/L _____ How far? _____ VFD? _____</li> <li>6. Name of responding Fire Department: _____</li> <li>7. Nearest fire hydrant _____ ft. Nearest fire station responding _____ miles</li> <li>8. Condition of property: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</li> <li>9. Have you recently seen property: <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>10. How long have you known applicant? _____</li> <li>11. Describe neighborhood: <input type="checkbox"/> Improving <input type="checkbox"/> Stable <input type="checkbox"/> Declining <input type="checkbox"/> Semi-Commercial</li> <li>12. Occupancy: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other: _____</li> <li>13. Updates to dwelling: <input type="checkbox"/> Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Roof <input type="checkbox"/> Heating When: _____ Extent of updates: _____</li> <li>Primary Heat Source: _____ # of fireplaces _____ wood burning stove _____</li> <li>14. Any animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</li> </ol>	<ol style="list-style-type: none"> <li>15. Has it bitten or caused injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____</li> <li>16a. Is risk on stilts in coastal or flood areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>16b. Is risk on an island or within 1/2 mile of the beach? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, show feet if less than 1 mile _____</li> <li>17a. Is there a pool? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a Diving Board or Slide? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a trampoline? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>17b. Is it fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>18. Is any business or farming conducted at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</li> <li>19. Is dwelling visible from one (1) other dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give distance: _____</li> <li>20. Previous insurance carrier: _____ Did previous carrier request cancellation or non-renewal for this applicant or for this Property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____</li> <li>21. List losses for the insured &amp; dwelling for prior (3) three years. If none, write 'none'.  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">AMOUNT</th> <th style="width: 30%;">DATE</th> <th style="width: 40%;">CAUSE &amp; DETAIL OF LOSS</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> </li> </ol>	AMOUNT	DATE	CAUSE & DETAIL OF LOSS						
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**Fair Credit Reporting Act Notice:** This notice is given in compliance with the Federal Credit Reporting Act (Public Law 91-508). As part of our 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.

\_\_\_\_\_  
**PRODUCER SIGNATURE** **DATE**

\_\_\_\_\_  
**APPLICANT SIGNATURE** **DATE**