



P.O. Box 792030
 San Antonio, Texas 78279-2030
 (210) 342-9421 (800) 299-9421
 FAX: (210) 340-4075

TEXAS FIRE & E.C. APPLICATION

PLEASE PRINT OR TYPE

Coverage requested: TDP1 V&MM TDP3

PRODUCER NAME	CITY	TELEPHONE #	PRODUCER #
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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 # _____

MAILING ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

MORTGAGEE INFORMATION _____

EC TERR	PPC	TOTAL AMOUNT OF INSURANCE	TOTAL PURE PREMIUM	S/L TAX	STAMPING FEE	POLICY FEE	TOTAL
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

NOTE: SEPARATE APPLICATION REQUIRED FOR EACH DWELLING

1. \$ _____ ON THE _____ STORY, _____ ROOF _____ FAMILY _____
 NO. TYPE CONSTRUCTION / SIDING NO. OCCUPANCY
 OCCUPIED FAMILY DWELLING SITUATED AT: _____

2. \$ _____ ON HOUSEHOLD CONTENTS SITUATED IN THE DWELLING DESCRIBED ABOVE.

3. \$ _____ LIABILITY LIMIT (\$100,000 or \$300,000 only)

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

- 1. Dwelling: Square Footage: _____ Date of Purchase: _____
- 2. Dwelling age: _____
- 3. Number of acres: _____ Acres rented to others: _____
- 4. Inside C/L: _____ Outside C/L: _____ miles VFD?
 Is dwelling visible from one (1) other dwelling? Yes No
- 5. Nearest Fire Hydrant: _____ ft. Nearest fire station responding: _____ miles
 Name of Nearest Responding Fire Department: _____
- 6. Condition of Property: Good Fair Poor
- 7. Have you recently seen property? Yes No
- 8. Describe neighborhood: Improving Stable Declining
 Semi-Commercial
- 9. Occupancy: Primary Secondary Tenant
- 10. Updates to dwelling: Wiring Plumbing Roof Heating
 When: _____
 Extent of updates: _____
- # of fireplaces _____ wood burning stove _____ Primary Heat Source: _____
- 11a. Is risk on stilts in coastal or flood areas? Yes No
- 11b. Is risk on an island or within 1/2 mile of the beach? Yes No
 If Yes, show feet if less than 1 mile _____

- 12. Is any business or farming conducted at this location? Yes No
 If yes, describe: _____
- 13. List policy number if applicant has other policies with our Company: _____
- 14. Previous insurance carrier: _____
 Did previous carrier request cancellation or non-renewal for this applicant or for this Property? Yes No If yes, explain _____
- 15. List all losses for this insured & dwelling for prior (3) years. If none, write "none".

AMOUNT	DATE	CAUSE & DETAILS OF LOSS (Attach supplemental if needed)
_____	_____	_____
_____	_____	_____
- 16. If Form 3 and liability coverage desired, please answer the following questions:
 Are there any animals on the premise? Yes No
 Is there an unfenced swimming pool or trampoline? Yes No
 Is there a pool with a diving board or a slide? Yes No

COMMENTS: _____

PRODUCER SIGNATURE _____ DATE _____

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.

APPLICANT SIGNATURE _____ DATE _____