



P.O. Box 792030  
 San Antonio, TX 78279  
 (T) 800-299-9421  
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LLOYD'S

PRODUCER _____	NUMBER _____
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**FRONT & REAR PHOTOS OF DWELLING ARE MANDATORY  
 VACANT DWELLING APPLICATION**

EFFECTIVE DATE _____ To _____ <b>(6 months or 12 months)</b>	<b>NOTE:</b> Fax for binding; otherwise coverage will be effective at 12:01 A. M. the date received in our office.  QUOTE # _____
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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RISK LOCATION \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

MORTGAGEE & ADDRESS \_\_\_\_\_

**ACTUAL CASH VALUE - AMOUNT OF INSURANCE**

DWELLING /CONDO/MOBILE HOME \_\_\_\_\_ \* RENOVATIONS \_\_\_\_\_ \* CONTENTS \_\_\_\_\_ \*  
 (\*MAX TIV - \$100,000)

LIABILITY LIMITS (\$250. ded) : \$25,000 \$50,000 \$100,000

**Liability Unavailable if on more than 5 acres, Swimming Pool, Pond, Lake, or Trampoline on premises.  
 (Mandatory F437 Windstorm or Hail - \$1,500. deductible for Dallas/Tarrant Counties – Tier 2 Counties)**

AMOUNT OF INSURANCE	PREMIUMS FOR PROP.	FOR LIAB.	POLICY FEE	S/L TAX	STAMPING FEE	TOTAL PREMIUM
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YR BUILT \_\_\_\_\_ SQUARE FEET \_\_\_\_\_ NUMBER OF STORIES \_\_\_\_\_

SINGLE FAMILY DWELLING: Yes No - How many \_\_\_\_\_ Central Station Fire Alarm: No Yes

CONSTRUCTION: Frame Brick Veneer Stucco Other \_\_\_\_\_

ROOF: Comp Shingle/ Built-up/ Other \_\_\_\_\_ PRIOR OCCUPANCY: Owner/Tenant/Newly Built/Mobilehome

How long vacant? \_\_\_\_\_ Why Vacant? Rent Sale Other: \_\_\_\_\_

RENOVATING: No Yes - Give details on renovations to be done: \_\_\_\_\_

Will ANYONE other than the applicant be doing any of the work during the policy term? Yes No

INSIDE CITY LIMITS: Yes No NEAREST FIRE HYDRANT \_\_\_\_\_ NEAREST FIRE STATION \_\_\_\_\_

LOCATED IN FIRST TIER: Yes No Advise amount of acreage: \_\_\_\_\_

PREVIOUS INSURER: \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

ANY LOSSES IN THE PAST FIVE YEARS FOR THIS RISK LOCATION? No Yes

Amount paid	Date of Loss	Cause & details (attach supplemental if needed)
_____	_____	_____
_____	_____	_____

INSURED'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised 1/2008

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 ("TRIA") as amended, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**  
**WHAT YOU NEED TO DO NOW:**

**PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED**

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$ _____
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant's Signature

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

\_\_\_\_\_  
Date