



HOMEOWNER APPLICATION

<u>Applicant Information</u> Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Tel Number: _____ Insured Location: _____ City: _____ State: _____ Zip: _____ County: _____ Occupation: _____ Has applicant had a foreclosure, repossession , or bankruptcy during the past five (5) years: _____	<u>Limits / Deductibles</u> Dwelling: \$ _____ Other Structures: \$ _____ Personal Property \$ _____ Loss of Use \$ _____ Personal Liability \$ _____ Medical Payments \$ _____ Deductible: All Other Perils: _____ (Minimum \$2,500) WIND: _____% Eligible for Wind Pool: __Y__ N
<u>Protection Information</u> Protection Class: _____ Distance to Fire Hydrant: _____ Fire Station: _____ Is Fire Department: _____ Paid _____ Volunteer Central Alarm: Fire: __Y__ N Burglar: __Y__ N Sprinkler System: _____ Full _____ Partial _____ None Smoke Detectors: __Y__ N Dead Bolts __Y__ N	<u>Optional Coverage</u> Replacement Cost of Contents: __Y__ N Increased Limit – Fine Arts or Jewelry __Y__ N REMARKS to any YES responses: _____ _____ _____
<u>Construction Information</u> Frame: _____ Brick/Stucco/ Masonry: _____ Other : _____ Type of Foundation: Concrete Slab: _____ Concrete Blocks: _____ Piling/Stilts: _____ Year Built: _____ Year Purchased: _____ Type of Roof: _____ Age of Roof: _____ Square Footage: _____ Market Value: _____ Flood Insurance Carried: __Y__ N Flood Zone: _____	<u>Property Information</u> Type: _____ Dwelling _____ Town House _____ Apartment _____ _____ Condo _____ Row House _____ Co-op _____ Occupancy: _____ Primary _____ Secondary _____ Rental _____ Is the home occupied daily: __Y__ N Unoccupied > 30 consecutive days: __Y__ N If home is rented: No of weeks _____ Is the home visible to neighbors: __Y__ N Home up for sale: __Y__ N Caretaker: __Y__ N Gated Community: __Y__ N Patrolled: __Y__ N Building undergoing any renovation: __Y__ N If Yes, please provide details. _____



General Information

Distance to Ocean, Bay, Gulf: ____ Ft. ____ Miles Elevation above sea level: _____ Ft.

Storm-shutters ____ Y ____ N

If YES, what type of storm-shutters: _____

Update Information – Required if home is over 25 years old, 20 years for roof:

<u>Type</u>	<u>Full</u>	<u>Partial</u>	<u>Year Comp.</u>
Wiring	_____	_____	_____
Plumbing	_____	_____	_____
Heating	_____	_____	_____
Roof	_____	_____	_____

Additional Exposures: (comment in Remarks Section)

Animals on the premises? ____ Y ____ N Type: _____ Training: ____ Y ____ N No. years owned: _____

Swimming Pool on Premises? ____ Y ____ N Fenced/Screened? ____ Y ____ N

Any business conducted on the premises? ____ Y ____ N Any child care/day care activities? ____ Y ____ N

Any wood stoves or supplemental heating? ____ Y ____ N

Within 300 ft. of any commercial structures? ____ Y ____ N

List other structures & values on the premises: _____

Remarks: _____

Prior Carrier and Loss Information:

Previous Carrier: _____ Expires: _____ Expiring or Renewal Premium: \$ _____

Non-Renewing ____ Y ____ N Reason: _____

Three Year Loss History – Must be filled out completely

<u>Date</u>	<u>Type of Loss</u>	<u>Cause</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

What preventive measures have been taken to prevent future losses? Explain:

Agent/Broker

Name: _____

Signature: _____

Date: _____

Insured

Name: _____

Signature: _____

Date: _____