

# Quaker Special Risk

## Dwelling Fire and Vacant Dwelling Fire Application (not for use with USLD)

New  Renewal  
Cov Period: 3 6 12 mo. Effective Date \_\_\_\_\_

Policy Type:  DP 1 Fire EC  DP 1 Fire EC VMM  
 DP3

**Insured Information:**  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Insured Location: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
(1) SSN #: \_\_\_\_\_ DOB: \_\_\_\_\_  
(2) SSN #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Position Held: \_\_\_\_\_

**Limits of Policy:**  
Cov A - Dwelling: \$ \_\_\_\_\_  
Cov B - Other Structures: \$ \_\_\_\_\_  
Cov C - Personal Property: \$ \_\_\_\_\_  
Cov D - Fair Rental Value \$ \_\_\_\_\_ (n/a if vacant)  
Cov E - Additional Living Exp: \$ \_\_\_\_\_ (n/a if vacant)  
Cov L - Personal Liability: \$ \_\_\_\_\_ (optional)  
Cov M - Loss Assessment: \$ \_\_\_\_\_ (optional)

**Optional Coverages:**  
On Premises Theft: Y N  
Earthquake Coverage: Y N Zone: \_\_\_\_

**Deductibles:** (subject to company guidelines)  
Requested Deductible: AOP:\$ \_\_\_\_\_ EQ: \_\_\_\_\_ %  
Wind: \_\_\_\_\_ %

**Agent Information:**  
Producer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone / Fax Number: \_\_\_\_\_

**Property Information:**  
Eligible for Windpool: Y N Exclude Wind Y N  
Occupancy: \_\_\_\_ Vacant \_\_\_\_ Other (explain in remarks)  
Why is dwelling vacant? \_\_\_\_\_  
How long is the expected vacancy period? \_\_\_\_\_  
Has dwelling been unoccupied more than 30 consecutive days:  
Y N If yes, how long? \_\_\_\_\_  
Is the home visible to neighbors: Y N  
Home for sale: Y N  
Caretaker /Property Manager: Y N  
Resident Paid \_\_\_\_ Non Resident Paid \_\_\_\_  
How often is dwelling visited? \_\_\_\_\_  
If dwelling is located in area susceptible to freezing temperatures,  
are adequate controls in place to prevent freezing pipes? \_\_\_\_  
Explain: \_\_\_\_\_

**Mortgagee (s) Information/Additional Interests**  
Loan Number 1: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Loan Number 2: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has applicant had a foreclosure, repossession, or bankruptcy during the past five years?: Y N  
Are any foreclosures, bankruptcies or repossessions pending? Y N Describe: \_\_\_\_\_  
Has applicant been convicted of an insurance related crime in past 10 years? Y N  
Gated Community: Y N Patrolled: Y N  
Building undergoing any renovation: Y N  
ISO Territory #: \_\_\_\_\_ BCEGS#: \_\_\_\_\_

**Protection Information:**  
Distance To Fire Hydrant: \_\_\_\_\_ Fire Station: \_\_\_\_\_  
Is the Fire Department: \_\_\_\_ Paid \_\_\_\_ Volunteer  
Fire Dept. Response Time: \_\_\_\_ min. (For PC 9/10 only)  
Distance to the nearest water source: \_\_\_\_\_  
Type of water source: \_\_\_\_\_  
Central Alarm: Fire: Y N Burglar: Y N  
Sprinkler System: \_\_\_\_ full \_\_\_\_ partial \_\_\_\_ none  
Protection Class: \_\_\_\_\_  
Smoke Detectors: Y N Dead Bolts: Y N

Type/Size of Construction: Brick, Stone, or Masonry _____ Frame or Stucco _____ # of families: _____ Type of Foundation: Concrete slab _____ Concrete / Blocks _____ Pilings / Stilts _____ Year Built _____ Year Purchased _____ Type of Roof _____ Age of Roof _____ Square Footage _____ Market Value \$ _____ Flood Insurance Carried: Y N      Flood Zone A/V? Y N	Distance to Ocean / Bay / Gulf _____ Ft. _____ Miles Elevation above Sea Level _____ Ft. Hurricane Straps                    Y      N Stormshutters                        Y      N Type of stormshutters: _____ Update Information - Required if home is over 25 years old, 20 years for roof.  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:20%;">Type</td> <td style="width:15%;">Full</td> <td style="width:15%;">Partial</td> <td style="width:35%;">Year Comp.</td> </tr> <tr> <td></td> <td><u>Wiring</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><u>Plumbing</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><u>Heating</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><u>Roof</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Type	Full	Partial	Year Comp.		<u>Wiring</u>	_____	_____	_____		<u>Plumbing</u>	_____	_____	_____		<u>Heating</u>	_____	_____	_____		<u>Roof</u>	_____	_____	_____
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**Additional Exposures:** (comment in remarks section)

Animals on the Premises?                    Y      N      Type: \_\_\_\_\_ Training: Y N      # years owned \_\_\_\_\_

Swimming Pool on Premises?      Y      N      Fenced / Screened?      Y      N      Other? \_\_\_\_\_

In-ground swimming pool drained?      Y      N      If yes, is there an adequate protective covering?                    Y      N

Any Business Conducted on the Premises?      Y      N

Any wood stoves or supplemental heating sources?      Y      N

**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 preventative measures have been taken to prevent future losses? Explain: \_\_\_\_\_

**NOTICE OF INSURANCE INFORMATION PRACTICES:**  
 Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or your agent may in certain circumstances be disclosed to third parties. 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. Contact your agent/broker for instruction on how to submit a request to us.

**NOTE TO AGENTS: No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the named insured. Any incomplete applications received could jeopardize binding coverage!**

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY substantial) civil penalties.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

