

<b>Applicant</b>		<b>SS #</b>	<b>Occupation</b>	<b>Employer</b>	<b>Date of Birth</b>		
Mailing Address:							
Insured Location:				County:			
Producer Name:			Address:				
Fax #:		E-mail:		Inspection- Contact:			
Phone #:							
<b>TYPE</b>	<b>COV. PART 1</b>			<b>COV. PART 2</b>		<b>COV PART 3</b>	<b>COV. PART 4</b>
<input type="checkbox"/> New	<b>HO-3</b>	<b>HO-4</b>	<b>HO-6</b>	<b>Umbrella</b>	<b>Excess Liability</b>	<b>Excess Flood</b>	<b>PAF</b>
<input type="checkbox"/> Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Carrier:		Expires:		Expiring/Renewal Premium: \$			
Within last 5 years, has applicant had a: foreclosure <input type="checkbox"/> bankruptcy <input type="checkbox"/> repossession <input type="checkbox"/>							
If prior carrier non-renewed, why?							
Comments:							

### Coverage Part 1: Homeowner Information

#### Mortgagee Information/Additional Interests:

Loan #1	Name/Address
Loan #2	Name/Address

#### General Information:

<b>County:</b>	<b>Protection Class #:</b>	<b>Distance to Fire Hydrant:</b> ft.	<b>Fire Dept:</b> Paid <input type="checkbox"/>
<b>ISO Territory #:</b>		<b>Distance to Fire Station:</b> mi.	Volunteer <input type="checkbox"/>
<b>Occupancy:</b> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builder's Risk <input type="checkbox"/> -use supplemental application			
<b>Construction:</b> Frame/Stucco: <input type="checkbox"/> Brick, Stone or Masonry: <input type="checkbox"/> Superior: <input type="checkbox"/> Pre-Fabricated: <input type="checkbox"/> EFIS/Synthetic Stucco: <input type="checkbox"/>			
<b>Year Built:</b>	<b>Age of Roof</b>	<b>Sq. Ft.</b>	<b>Market Val. \$</b>
			<b># of stories</b> _ <b># of families</b> _
<b>Protection Devices</b> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Motion Det. <input type="checkbox"/> Smoke Det. <input type="checkbox"/> Deadbolts <input type="checkbox"/>		<b>Sprinklers:</b> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Combo <input type="checkbox"/>	
<b>Caretaker:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, resident <input type="checkbox"/> or non resident <input type="checkbox"/>		<b>Gated Community:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Patrolled?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Loss History – Must be filled out COMPLETELY:

Date	Type of Loss	Cause	Amount	Preventative Measures?
			\$	
			\$	
			\$	
			\$	

#### Limits:

Dwelling \$	Other Structures \$	Personal Property \$
Loss of use \$	Personal Liability \$	Medical Payments \$
<b>Full Property TIV:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Loss Assessment:</b> \$
<b>Ordinance or Law:</b> None <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/>		
<b>Foundation:</b> Concrete Slab <input type="checkbox"/> Concrete/Block <input type="checkbox"/> Pilings/Stilts <input type="checkbox"/>		<b>Roof:</b> Asphalt <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other _____

<b>PC 9 or 10 ONLY:</b> Fire Dept Response Time: _____ Minutes	
Wash Out: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visible to Others: Yes <input type="checkbox"/> No <input type="checkbox"/>
Distance to Water Source _____ ft.	Type of Source: _____
Water Trucks: Pumper <input type="checkbox"/> Tanker <input type="checkbox"/> Gallons: _____	

**Requested AOP Deductible:** \$ \_\_\_\_\_

**Eligible for Wind-Pool:** Yes  No

Exclude Wind: Yes  No  If no, Wind: \_\_\_\_\_ %

Distance to the Ocean/Bay/Gulf: \_\_\_\_\_ ft. \_\_\_\_\_ miles

Straps  Shutters  Protective Glass

Wind Deductible Buyback: Yes  No  \_\_\_\_\_ %

**Earthquake:** Yes  No  \_\_\_\_\_ %

If yes, EQ Zone: \_\_\_\_\_ Territory: \_\_\_\_\_ Soil Type: \_\_\_\_\_

**CA ONLY:** **Slope:** \_\_\_\_\_ ° **Brush Zone:** Yes  No

**Brush clearance:** \_\_\_\_\_ ft.

**Replacement Cost Contents:** Yes  No

**All Risk Contents:** Yes  No  **HO-6 All-Risk Cov A-**

**Special Computer Coverage:** Yes  No

**Extended Replacement Cost:** 125%  **CA Only:** 150%

**Personal Injury:** Yes  No

**Special Limits Coverage C:** All items  Jewelry Only

**Water Backup Coverage:** \$5k  \$10k  \$25K

**Identify Fraud:** Yes  No

**Extended Liability:** Yes  No  **# of Locations:** \_\_\_ (U.S. only)

**Watercraft Liability:** Yes  No  **Sailboat:**

**Engine:** In  Out  In/Out  HP \_\_\_\_\_ Length \_\_\_\_\_ ft.

**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.

**FL Residents Only:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE (817.234).

**NJ Residents Only:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

**VA Residents Only:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS (52-40).

**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:** \_\_\_\_\_  
 Producer: How long have you known the applicant? \_\_\_\_\_ Date agent last inspected property? \_\_\_\_\_

**Applicant's Statement:** With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Home Business Coverage:** Yes  No

**Inc. Limit Business Property:** None  \$5k  \$10k  25k

**Golf Cart Coverage:** Yes  No  Liability- Yes  No

**Property Information:** (Required home >25 years old)

**Update- Full**  **Partial**  **Update year for:**

Roof: \_\_\_\_\_ Wiring: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_

**Occupied Daily:** Yes  No  **In no, then:**

**Unoccupied for > 30 days in a row:** Yes  No

**Dwelling for Sale:** Yes  No

**Dwelling Rented:** Yes  No  **If yes, how many weeks:** \_\_\_\_\_

**Under Lease:** Yes  No

**Swimming Pool on Premises:** Yes  No  **If yes,**

Fenced  Screened  Diving Board: Yes  No

**If home oil heated, is tank underground:** Yes  No

**EFIS or Synthetic Stucco construction:** Yes  No

**Prior/current mold exposure:** Yes  No

**Day Care Conducted on Premises:** Yes  No

**Business Conducted on Premises:** Yes  No

**Explain:** \_\_\_\_\_

**Wood Stoves/Sup. Heating:** Yes  No

Is this a primary heat source? Yes  No

**Explain:** \_\_\_\_\_

**Animals on the Premises:** Yes  No  Bite history: Yes

**Explain:** \_\_\_\_\_

## Coverage Part 2(A or B): Personal Umbrella (A) or Excess Liability (B) Information

\*\* The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part 1.

Applicant:	Broker:	Effective Date:
Type: Umbrella <input type="checkbox"/> Excess Liability <input type="checkbox"/> (over other umbrella*)	Limit: \$1M <input type="checkbox"/> \$2M <input type="checkbox"/> \$3M <input type="checkbox"/> \$4M <input type="checkbox"/> \$5M <input type="checkbox"/> Limit: \$ MM	
If business owner, # of employees	Annual Revenues \$	Any business conducted on residence premises: Yes <input type="checkbox"/>

**Underlying Insurance:**

Type of Coverage	Carrier	Policy #	Policy Period	Minimum Underlying Limits	Your Underlying Limit
Automobile				\$250/\$500/\$100 or \$500 CSL	\$
Uninsured/Underinsured				\$250/\$500/\$100 or \$500 CSL	\$
Homeowner or CPL				\$300,000	\$
Rental Dwellings				\$300,000	\$
Farms, Vacant Land				\$300,000	\$
Watercraft				\$300,000	\$
Jet Ski, Wet Bike				\$500,000	\$
Recreational Vehicle				\$300,000	\$
Underlying Umbrella*				\$1,000,000	\$
Incidental Business				\$1,000,000	\$

**Real Estate:** List all owned, leased or occupied Residences, Buildings, Farms, Vacant Land, etc.

#	Location (street, city, state)	#Units	Yr Built	Occupancy (primary, secondary, rental, vacant, etc.)
1				
2				
3				
4				
5				
6				

**Automobiles and Recreational Vehicles:** List all autos owned, leased or furnished for regular use (Motorcycles, Snowmobiles, etc.)

#	Year	Co. Car?	Make/Model/Type	#	Year	Co. Car?	Make/Model/Type
1		Yes <input type="checkbox"/>		7		Yes <input type="checkbox"/>	
2		Yes <input type="checkbox"/>		8		Yes <input type="checkbox"/>	
3		Yes <input type="checkbox"/>		9		Yes <input type="checkbox"/>	
4		Yes <input type="checkbox"/>		10		Yes <input type="checkbox"/>	
5		Yes <input type="checkbox"/>		11		Yes <input type="checkbox"/>	
6		Yes <input type="checkbox"/>		12		Yes <input type="checkbox"/>	

**Watercraft:** List all watercraft (including Jet Skis, Wet Bikes, etc.) owned, leased, chartered or furnished for regular use

#	Year/Make/Model	Length	Engine Type / HP	Max. Speed	# of Paid Crew	Waters Navigated (inland, coastal, etc.)
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			

**Operator Information:** List all Members of Household and all Operators of Vehicles/Watercrafts/RV's

#	Name	Drivers License #	State	Date of Birth	Vehicle, Craft, % of Use
1					%
2					%
3					%
4					%
5					%
6					%

**Driving Record Information:** List # of traffic violations and/or motor vehicle accidents for all Operators indicated above during **past 3 years**.

#	Name	# Moving Violations	# Major Violations	# Minor At-Fault Accidents	# Major At-Fault Accidents

**Loss Details:**

	Yes	No		Yes	No
1) Any liability losses (homeowners, etc.) exceeding \$5,000 or more in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	7) Do you employ any residence employees? Full-time or part-time? # of employees _____	<input type="checkbox"/>	<input type="checkbox"/>
2) Does any underlying policy have reduced limits of liability or eliminate coverage for specific exposures, drivers, animals, watercraft, locations, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	8) Do you or any household member have mental/physical impairments that affect driving ability?	<input type="checkbox"/>	<input type="checkbox"/>
3) Any business/professional activities (including farming or daycare) included in primary policies? Does it cover incidental business activities?	<input type="checkbox"/>	<input type="checkbox"/>	9) Any umbrella coverage declined, cancelled, or non-renewed in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you or any household member hold any non-remunerative positions? Details?	<input type="checkbox"/>	<input type="checkbox"/>	10) Do your underlying insurance policies include Personal Injury (libel/slander) coverage?	<input type="checkbox"/>	<input type="checkbox"/>
5) Any real estate, vehicles, watercraft, aircraft owned, hired, leased or regularly used, not covered by underlying insurance?	<input type="checkbox"/>	<input type="checkbox"/>	11) Does any household members have an occupation of a professional entertainer, athlete, media personality or local, state or federal political past or present?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do any of the properties you own or rent have a swimming pool on premises that have a diving board and/or are not fenced? Any coverage limitations?	<input type="checkbox"/>	<input type="checkbox"/>	12) Any pets (wild or domestic) on the premises? Type(s)? _____ Any coverage restrictions or exclusions? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Optional Uninsured/Underinsured (UM/UIM) Motorist Coverage: (EXTRA CHARGE)**

I would like to purchase, at additional charge, uninsured/underinsured motorist coverage as part of my Umbrella/Excess Liability policy:  
**Accept**  **Reject**

If you '**accept**,' then you agree both that you **have** purchased underlying uninsured/underinsured motorist limits on **all** other motor vehicles that you own **equal or greater** than the *Minimum Underlying Limits Automobile Liability* limits of this policy, and you are electing to purchase certain valuable coverages which protect you and your family, then check this box:

If you '**reject**' the uninsured/underinsured motorist coverage, then you agree you **have not** purchased underlying uninsured/underinsured motorist limits on all other motor vehicles that you own **equal or greater** than the *Minimum Underlying Limits Automobile Liability* limits of this policy, or you are electing **not** to purchase certain valuable coverages which protect you and your family, then check this box:

Applicant's Signature:

**2. Optional Personal Injury Coverage:** Yes  No  (This requires **Personal Injury Coverage** on your underlying insurance.)

**3. Optional Incidental Business Coverage:** Yes  No  (This requires **Incidental Business Coverage** on your underlying insurance.)

## Coverage Part 3: Excess Flood Information

\*\* The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part 1.

Applicant:	Broker:	Effective Date:
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**Limits of Policy:**

Building Estimated Replacement Cost \$	Building Limit Requested \$
Contents Estimated Replacement Cost \$	Contents Limit Requested \$

	Y	N		Y	N
1) Is maximum underlying insurance carried? (Required)	<input type="checkbox"/>	<input type="checkbox"/>	3) Does dwelling have a foundation?	<input type="checkbox"/>	<input type="checkbox"/>
2) Breakaway walls?	<input type="checkbox"/>	<input type="checkbox"/>	4) Does dwelling have a basement or enclosure?	<input type="checkbox"/>	<input type="checkbox"/>

**Property Information:**

* NFIP/WYO Program: Regular <input type="checkbox"/> Preferred <input type="checkbox"/>	* Pre-Firm <input type="checkbox"/> OR Post-Firm <input type="checkbox"/>
* Condominium Unit <input type="checkbox"/> Apartment <input type="checkbox"/>	* Elevation Difference: (+/- BFE)
* Flood Zone:	

**Contents Information:**

Basement and Above <input type="checkbox"/>	Enclosure and above <input type="checkbox"/>	Lowest floor only-above ground level <input type="checkbox"/>
Lowest floor above ground level and higher floors <input type="checkbox"/>	Above ground level – More than one full floor <input type="checkbox"/>	

**Underlying Information:**

Present NFIP/WYO Carrier:	Policy Term:	Policy #:	Effective Date:
Non- Renewed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, why?		
Renewal or Replacement NFIP/WYO Carrier:	Policy Term:	Policy #:	Effective Date:
Coverage: Building \$	Contents \$		

**Rate:**

Base Rate: Building:	Contents:
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**Flood Related Loss Information:**

**Three Year Loss History –\_Must be filled out completely**

Date	Type of Loss	Cause	Amount
			\$
			\$
			\$

**In order to bind coverage, the following must accompany this application:**

- 1) Elevation Certificate
- 2) Copy of current NFIP/WYO Declaration page

## Coverage Part 4: Personal Articles Floater

\*\* The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part 1.

Applicant:	Broker:	Effective Date:
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**Please indicate the total amount of coverage required by category:**

#	Property	Limit Requested	#	Property	Limit Requested	#	Property	Limit Req.
1	Jewelry:		4	Musical Instruments	\$	10	Fine Arts	
	Men's	\$		Private Use	\$		Limited Breakage	\$
	Women's	\$		Professional Use	\$		Full Breakage	\$
	In-Vault	\$	5	Silverware	\$	11	Guns/Firearms	\$
2	Furs	\$	6	Golfer's Equipment	\$	12	Bicycles	\$
3	Cameras		7	Golf Carts	\$	13	Miscellaneous	\$
	Private Use	\$	8	Stamps	\$			
	Professional Use	\$	9	Rare Coins	\$			

**Additional Rating Information:**

	Y	N		Y	N
Is there a safe in the residence? Specify Below: Wall Safe <input type="checkbox"/> Freestanding <input type="checkbox"/> Under floor <input type="checkbox"/> Other <input type="checkbox"/> :	<input type="checkbox"/>	<input type="checkbox"/>	Are the items kept away from the listed premises?	<input type="checkbox"/>	<input type="checkbox"/>
			Are scheduled items not worn by a household member? If not, by whom?	<input type="checkbox"/>	<input type="checkbox"/>
Is property protected by any other means? Description	<input type="checkbox"/>	<input type="checkbox"/>	Any articles at student's dorm/apartment? Value \$	<input type="checkbox"/>	<input type="checkbox"/>
Is dwelling used professionally/commercially in anyway?	<input type="checkbox"/>	<input type="checkbox"/>	Any items loaned to museums or on exhibit?	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling/Unit within Downtown City Limits?	<input type="checkbox"/>	<input type="checkbox"/>	Any jewelry with unset, damaged stones?	<input type="checkbox"/>	<input type="checkbox"/>
Is any professional equipment stored off premises?	<input type="checkbox"/>	<input type="checkbox"/>	Any in-vault items removed from the vault? # times	<input type="checkbox"/>	<input type="checkbox"/>
Any paid/non-paid caretakers/housekeepers?	<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household :		
Travel for more than 30 days at a time? With any items?	<input type="checkbox"/>	<input type="checkbox"/>	- Been convicted of arson, dishonesty, theft?	<input type="checkbox"/>	<input type="checkbox"/>
			- Scheduled coverage cancelled or denied?	<input type="checkbox"/>	<input type="checkbox"/>

**Please explain all "Yes" responses here:**

**Three Year Loss History – Must be filled out completely**

Date	Type of Loss	Cause	Amount
			\$
			\$
			\$
			\$

