



Dwelling Property Application

Applicant	SS #	Occupation	Employer	Date of Birth
Mailing Address:				
Insured Location:			County:	
Producer Name:		Address:		
Fax #:	E-mail:	Inspection - Contact:		Phone #:
TYPE		COV. PART 1		Effective Date:
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	DP-3 <input type="checkbox"/>	DP-2 <input type="checkbox"/>	DP-1 <input type="checkbox"/>
Policy Term: <input type="checkbox"/> 3 Month <input type="checkbox"/> 6 Month <input type="checkbox"/> 12 Month				
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: Dwelling Fire Information

Mortgagee Information/Additional Interests:

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

General Information:

County:	Protection Class #:	Distance to Fire Hydrant: ft.
Fire Dept: Paid <input type="checkbox"/> Volunteer <input type="checkbox"/>	ISO Territory # :	Distance to Fire Station: mi.
Occupancy: 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		
Construction: 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"/>		
Year Built:	Age of Roof	Sq. Ft.
Market Val. \$	# of stories	# of families
Protection Devices Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Motion Det. <input type="checkbox"/> Smoke Det. <input type="checkbox"/> Deadbolts <input type="checkbox"/>		Sprinklers: Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Combo <input type="checkbox"/>
Caretaker: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, resident <input type="checkbox"/> or non resident <input type="checkbox"/>		Gated Community: Yes <input type="checkbox"/> No <input type="checkbox"/> Patrolled? Yes <input type="checkbox"/> No <input type="checkbox"/>

Loss History – Must be filled out COMPLETELY:

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

Foundation: Concrete Slab Concrete/Block Pilings/Stilts **Roof:** Asphalt Tile Wood Shake Other _____

Limits:

Dwelling \$	Other Structures \$	Personal Property \$
Fair Rental Value \$	Personal Liability \$	
Full Property TIV: Yes <input type="checkbox"/> No <input type="checkbox"/>		Loss Assessment: \$

Requested AOP Deductible: \$		
Eligible for Wind-Pool: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Exclude Wind: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Wind: %		
Distance to the Ocean/Bay/Gulf:	ft.	miles
Straps <input type="checkbox"/>	Shutters <input type="checkbox"/>	Protective Glass <input type="checkbox"/>
Wind Deductible Buyback: Yes <input type="checkbox"/> No <input type="checkbox"/> %		

Why is Property Vacant:

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

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:

Limited Theft Coverage: Yes No

Property Information: (Required home >25 years old)

Update- Update year for:

Roof: ___ Full Partial

Wiring: ___ Full Partial

Heating: ___ Full Partial

Plumbing: ___ Full Partial

Occupied Daily:

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: _____
