



APPLICANT

PRODUCER

NAME:
MAILING ADDRESS:
CITY: STATE: ZIP:
EMAIL ADDRESS:
OCCUPATION:
EMPLOYER:

AGENCY NAME:
MAILING ADDRESS:
CITY: STATE: ZIP:
EMAIL ADDRESS:
PHONE: FAX:

Proposed Effective Date: to
New Renewal Prior Carrier Cancelled Non-Renewed Refused
Reason
Within the last 5 years, has the applicant had a Bankruptcy Foreclosure Repossession

Insured Location

Address:
PC: # County: # Families
Distance to: Hydrant ft Fire Station: mi Fire Dept is: Paid Volunteer

Underwriting:

Occupancy: Primary Secondary Tenant Vacant
Construction: Frame Masonry EIFS/Stucco Sq. Feet Yr Built Current Mkt Value
Foundation: Cement Cement Slab Post/Pier Other
Roof: Asphalt Wood Shake Tile Other
Wiring: Circuit Breakers Fuses Knob/Tube
Primary Heat: Gas Oil Is Tank: In Grd Above Grd Electric Wood Other
If oil tank on premises has it been decommissioned Yes No Has oil sample been certified? Yes No

\*Wood/Pellet stove attach wood/pellet stove questionnaire\*

Secondary Heat: Wood/Pellet Stove Space Heaters Electric Propane Other
Safety Features: Alarms: Fire Burglar Motion Smoke Sprinkler Patrol Service
Gated Community Caretaker
Additional Hazards: Swimming Pool Trampoline If Yes, is it Fenced Screened or have Diving Board
Animals: Yes No Kind:
Bite History Yes No If yes, explain
Any Business conducted on Premises Yes No If Yes, explain

Updates

Plumbing: Last Updated Full Partial Heat: Last Updated Full Partial
Wiring: Last Updated Full Partial Roof: Last Updated Full Partial

Loss History

Table with 5 columns: DATE, Type of Loss, Brief Explanation, Amt Paid, Repaired: YES or NO

Requested Limits	DP1	Actual Cash Value	Insured to Full Property TIV	Yes	No	Premium
Dwelling:		\$ _____				\$ _____
Other Structures:		\$ _____				\$ _____
Personal Property		\$ _____				\$ _____
Premises Liability		\$ _____				\$ _____

**\*\*Personal Liability (Primary Occupancy Only)\*\***

**Additional Coverages**

V & MM (V & MM Coverage Required With Burglary)	Expense Constant	\$ _____
\$1000 on Premise Burglary (Owner Occupied Only)	Subtotal	\$ _____
	Premium Tax	\$ _____
	Fire Marshal Tax	\$ _____
Requested AOP Deductible:      \$250      \$500      \$1000      \$2500	SLSC Fee	\$ _____
	<b>Total Premium:</b>	\$ _____

**Vacant Dwellings**

Vacant Since: \_\_\_\_\_ How Long is Home Expected to be Vacant? \_\_\_\_\_  
Reason For Vacancy: \_\_\_\_\_

**Remodeling & Renovations: \*\*Must be Written for the Estimated Completed Actual Cash Value\*\***

Is Home Being Remodeled or Renovated?      Yes      No      If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_  
Is Work Being Done By A Licensed Contractor?      Yes      No      If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_  
Is Applicant Physically Involved in the Remodeling/Renovation?      Yes      No      If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

**Wood Burning/Solid Fuel Stove/Insert Questionnaire**

- |  |     |    |
|--|-----|----|
| 1. Was unit professionally installed?  | Yes | No |
| If no, was unit inspected by a professional?   | Yes | No |
| 2. Is unit free from large cracks or broken parts?   | Yes | No |
| 3. Is unit located on non combustibile floor material?   | Yes | No |
| 4. Does floor protection extend at least 6" from sides and back , and 18" to the front?  | Yes | No |
| 5. Is unit spaced at least 36" from any combustibile material?   | Yes | No |
| 6. Is there at least 18" between top of stove pipe & ceiling?  | Yes | No |
| 7. Is stove pipe routed so as not to pass through floors, closets, or concealed spaces?  | Yes | No |
| 8. Is stove pipe connected to a pre-existing chimney?<br>(If yes, describe construction of chimney, i.e. prefab, masonry, built from ground up, etc..) | Yes | No |
| 9. Does unit have an automatic draft regulator or built-in damper?   | Yes | No |
| 10. Does stove pipe fit snugly into thimble?   | Yes | No |
| 11. Has chimney been inspected and cleaned within the last 12 months?  | Yes | No |

Remarks: \_\_\_\_\_

**Secured Interest**

<b>First</b> Mortgagee      Contract of Sale	<b>Second</b> Mortgagee      Contract of Sale
Loan #: _____	Loan #: _____
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

**Applicant's Signature**

**Fair Credit Reporting Act Notice:** This notice is given in compliance with the Federal Credit Reporting Act (public law 91-508). As part of our underwriting procedure a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**Notice of Insurance Information Practices:** Privacy Notification: A credit report or other investigative report about you may be requested in connection with this application for insurance. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, be disclosed without prior authorization to third parties such as to our affiliated companies for claims handling, servicing, underwriting and insurance marketing.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, please write to the address provided with your policy.

**Applicant's Statement:** With respect to the lines of coverage selected above, I have read and reviewed 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:** \_\_\_\_\_

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

**Producer Signature**

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

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