

## **DWELLING APPLICATION FORM**

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

## ELIGIBILITY QUESTIONS

1. In which state is the property to be	insured:				-		
2. Please select Type of Occupancy:	Owner OnlyTena	nt OnlyOwner and	d Tenant(s) Seaso	nal and/or Seco	ndary Short Ter	rm and/or	Vacation I
3. Please confirm all rentals are for m all owners and tenants? (Applical					ent in place and s	igned by Yes	No
4. Please select Type of Dwelling:	One Family	Two Family	Three Family	Four Family	Five Or More		
5. Has the applicant had any applicat past 3 (three) years? (other than vac		nsurance refused,	cancelled or non-	renewed in the		Yes	No
If the answer above is Yes, were they - Insurer no longer writing class or - Insurer no longer writing class or - Risk no longer qualifying for an a - Loss History?	f business? f business in terr	itory?	only:			Yes	No
<ul><li>6. Has the applicant ever been involv insurance fraud?</li><li>7. Has the applicant had more than the</li></ul>	-				years?	Yes	No
8. Has the applicant had more than tw	vo water damage	claims in the past	five years?			Yes	No
9. Does the property have any galvani	ized plumbing pi	bes?				Yes	No
10. Is the property to be insured subje	ect to mortgage f	oreclosure procee	dings or tax liens?				
11. Is there any existing damage to be	uilding(s) to be ir	sured?					
12. Is the property to be insured subje	ect to more than	two mortgages or	other encumbranc	es?			
13. Is the property to be insured subje	ect to a mortgage	e provided by an ii	ndividual or entity	other than a finar	ncial institution?		
14. Is the property attached to, occup	ied as, or conve	ted from a comm	ercial building?			Yes	No
<b>15.</b> Is the property to be insured a Ro Housing?	ooming House, B	oarding House or	used for Student				
16. Is the property located in a landsli	de, or brush fire	area (with less thai	n 200 feet brush cle	earance)?			
17. Does the property have any knob		-					
<b>18.</b> Does any wiring at the property hav			s?				
<b>19.</b> Are kerosene, paraffin, or portable	e space heaters	used?					
<b>19.</b> Is the property situated on more the	nan 25 acres?						
20. Is the property an earth home, do	ome home, open	pier or stilt home	?			Yes	No
21. Is the property a mobile home, manufactured home, farm, hobby farm or any non-conventional dwelling?						Yes	No

22. Is the property to be insured due to commence while insured		vation or constr	uction work o	f any kind, or is any	such work	Yes	No
23. Is the renovation or constru structural repairs being perfo	ction work (i) being pe ormed by any person?	rformed by a co	ontractor or ov	wner where project	costs exceed \$150	),000; or (ii) ir Yes	nvolve No
		GEN	ERAL DETA	ILS			
Name and Mailing Address of A	pplicant:						
		_State		Zip co	de		
Telephone		_ Email					
Address of Property to be Insure	ed:						
		_State		Z	lip code		
Name and Address of Retail Bro	oker:						
	Sta	e		Zip code _			
		CON	TACT DETA	ILS			
Contact Name							
Telephone			_Email				
				PERTY DETAILS			
<ul><li>25. Is Condominium Unit Owne</li><li>26. Total square footage of build</li><li>27. Construction Type:</li><li>Frame Joisted Masonry I</li></ul>				Modified Fire Res		_	ther
28. Age of building or full electric	cal and plumbing upgr	ade? C	)-35 Years	36-50 Years	Over 50 Years		
29. When was the roof last repla	aced?	(	)-25 Years	26-50 Years	Over 50 Years		
<b>30.</b> Value of Coverage A – Dwe	lling to be insured:						
<b>31.</b> Is Coverage B – Other Struc	tures cover required?	Y	es No	31a. Value of Cov	verage B – Other S	Structures:	
32. Is Coverage C – Personal P	roperty (ex-theft) cove	r required? Ye	es No	32a. Value of Co	verage C – Person	al Property (	ex-theft):
33. If available, is Coverage D –	· Fair Rental cover req	uired? Ye	es No	33a. Value of Cov	/erage D – Fair Re	ntal <u>:</u>	
34. If available, is Coverage E –	Additional Living Expe	enses cover req	uired? Yes	No			
35. Value of Coverage E – Addi	tional Living Expenses	:					
36. Wind and Hail Deductible pe	er occurrence: \$1,	000 \$2,500	\$5,000	\$10,000			
37. All Other Perils Deductible p	er occurrence: \$1	000 \$2,500	\$5,000	\$10,000			
38. Which type of quote do you	require? DP1	DP3	<b>39.</b> Is there a	wood stove on the	premises?	Yes No	
40. Would you like to buy covera	age for the peril of Ea	thquake? ( <b>apı</b>	olicable for C	CA quotes only)		Yes No	
41. Premises Liability:	Yes No						
42. Premises Liability Limits:	\$25,000 \$50,000	\$100,000	\$300,000	\$500,000 \$	1,000,000		
43. Medical Payments:	\$1,000 \$2,500	\$5,000	\$10,000				

COVERAGE AND PROPERTY DETAILS (continued)
<ul> <li>44. Is dwelling situated on more than five acres? Yes No 44a. How many acres? 6-15 16-25 25+</li> <li>44b. Please describe use of land:</li></ul>
45. Do you want to buy coverage for the swimming pool liability? Yes No 45a. Is it fenced and does it have a self locking gate? Yes No
<b>45b.</b> W hat limit would you like for swimming pool liability? \$25,000 \$50,000 \$100,000
<b>46.</b> Have there been any insured or uninsured property or liability losses at the property to be insured since the applicant has owned the property? Yes No
Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:
47. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts):
48. If required, please enter below details of Additional Insured:
DECLARATION
THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF

MISLEADING INFORMATION CONCERNING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE FORFOSE 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. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature \_\_\_\_\_ Retail Broker's Signature \_\_\_\_\_

Date -----

\_\_\_\_\_ Date \_\_\_\_\_