

HOMEOWNER APPLICATION

Policy Period: _____ New Business or Renewal Rewrite of: _____

INSURED INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Insured Property Address _____

City _____ State _____ Zip _____

County _____ Territory # _____

Lot _____ Block _____

Addition _____

Applicant's D.O.B. _____ Social Security Numbers: His _____ Hers _____

AGENT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Agency Contact _____

Producer Number _____

Phone Number () - _____

Fax Number () - _____

FIRST MORTGAGEE INFORMATION

Loan Number _____

Names _____

Address _____

City _____ State _____ Zip _____

SECOND MORTGAGEE INFORMATION

Loan Number _____

Names _____

Address _____

City _____ State _____ Zip _____

LIMITS OF POLICY

Coverage A: Dwelling _____ **Deductible #1:** Excluded 1% (min \$500) 2% (min \$1,000)

Other Structures _____ Other _____

Coverage B: Contents _____ **Deductible #2:** 1% (min \$500)

Coverage C: Liability _____ Other _____

Coverage D: Med Pay _____

Personal Property Off Premise \$1,000 Maximum

COVERAGES (PLEASE CHECK ENDORSEMENTS BELOW AND FILL IN NEEDED INFORMATION)

Homeowners: **Form A** **Form B** (Excludes Mold, Day Care, Lead Contamination, Watercraft, Personal Injury, Accidental Discharge of Water Loss)

- HO-101 Replacement cost for Personal Property
- HO-105 Residence Glass Coverage (Attach Schedule)
- HO-110 Increased Limit on J/W/F (Max \$2,500): _____
- HO-112 Increased Limit on M/B/C (Max \$500): _____
- HO-113 Increased Limit of Bullion / VP (Max \$1,000): _____
- HO-120 Television and Radio Antenna: _____
- HO-126 Personal Computer: _____
- HO-140 Windstorm/Hurricane/Hail Exclusion (If secondary, loss of use excluded)
- Optional Water Buyback: _____
- HO-225 Additional Premises Liability (List Below)
(MAX 4 Locations) **No Business Pursuits**
- 1. _____
- 2. _____
- 3. _____
- 4. _____
- HO-301 Add'l Insured: Occupant Non-Occupant
- Name _____
- Address _____

Note to agent: PLEASE FAX COMPLETED 2 PAGE APP TO SECURE COVERAGE

Relationship _____ Sec. II Liab? _____

PREMISE INFORMATION

Type of Construction: Brick, Stone, or Masonry; Protection: PPC; Security: Burglar, Fire, Combined; Update Information: Age of Wiring; Occupancy: Primary, Seasonal/Secondary

ADDITIONAL UNDERWRITING QUESTIONS

- 1. Has risk been inspected by Agent? 2. Has the applicant had a homeowner/ dwelling policy cancelled or non-renewed... 15. Is there a swimming pool or spa on the premises... 22. Are there more than two layers of roofing underneath?

Additional Information or Remarks:

PRIOR CARRIER AND LOSS INFORMATION

Previous Carrier Expires Non-renewing? Yes No Reason:

Table with 4 columns: Date, Type of Loss, Cause, Amount. Includes header (Three Year Loss History) and instruction (Must be filled out completely).

Preventative measures taken to eliminate future losses? Yes No Explain

NOTE TO AGENTS: No Binding Or Quoting Authority. PLEASE FAX FOR SAME DAY BINDING And Follow Up With Original Application, Photos & Net Premium (If Applicable) Within 7 Days.

(Attach Two Photos Of Risk: Front & Back, Or Side - Mandatory)

PRIVACY POLICY: I have received and read a copy of the Company's Privacy Policy. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by the Company.

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.

FRAUD WARNING: 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 fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Producer's Signature Date

Insured's Signature Date