



**HOMEOWNERS
APPLICATION - TEXAS**

New Business _____ Renewal _____

HO'A' HO'B' Previous Carrier _____

Exp. Date _____

510 Turtle Cove Blvd., Suite 200
Rockwall, Texas 75087-5362

Policy Period / / To / /
MO DAY YR. MO DAY YR.

Insured's Name _____ Mailing Address _____ City, State, Zip _____ Telephone _____ _____ Occupation _____	Agency's Name _____ # _____ Mailing Address _____ City, State, Zip _____ Telephone _____
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COMPLETE IF DIFFERENT FROM MAILING ADDRESS:

Risk Location & _____ STREET CITY STATE ZIP CODE COUNTY

Legal Description _____

TERR/ZONE#	Construction	Roof	Distance from Fire Hydrant?			
ONE STORY _____ TWO STORY _____ SQ FOOTAGE _____	<input type="checkbox"/> Frame <input type="checkbox"/> B/V <input type="checkbox"/> Abs/Stuc	<input type="checkbox"/> Tile <input type="checkbox"/> Shake <input type="checkbox"/> Wood <input type="checkbox"/> Comp <input type="checkbox"/> Other	<input type="checkbox"/> Within 500' <input type="checkbox"/> 501-1,000' <input type="checkbox"/> Over 1,000' Is Hydrant in same town as risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No Is City Incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No Is City Protected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Risk Fringe Rated? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Risk within 5 miles of a 1st Key Town? <input type="checkbox"/> Yes <input type="checkbox"/> No Name 1st Key Town Used for Fringe Rating _____	Class <input type="checkbox"/> A <input type="checkbox"/> B Net Key Rate

BASIC POLICY COVERAGES						
Dwelling	Unscheduled Personal Prop.	Scheduled Personal Prop.	Liability	Medical Payments	Physical Damage to Prop.	Deductible Minimum \$500 or 1% whichever is greater
\$	\$	\$ Not Avail.	\$	\$500.00	\$500.00	

ADDITIONAL COVERAGE	
HO-101 YES NO	AMT. OF WATER BUY BACK \$ _____
HO-105 YES NO	
HO-120 YES NO	
HO-225 YES NO	
HO-110 YES NO	DESCRIBE FULLY WITH RATING INFORMATION OR ATTACH A SEPARATE ENDORSEMENT

Mortgagee's Name and Address	_____ _____ _____
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LIST ALL PRESENT PROPERTY & PAST PROPERTY LOSSES IN THE PAST THREE YEARS		<input type="checkbox"/> NONE
Date: _____ Cause: _____	\$ _____	
Date: _____ Cause: _____	\$ _____	
Date: _____ Cause: _____	\$ _____	

ALL QUESTIONS MUST BE ANSWERED

	YES	NO		YES	NO
Year of Construction: _____			Is risk within 1/4 mile of another dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
Roof Replaced? If yes, when _____	<input type="checkbox"/>	<input type="checkbox"/>	If risk is outside city limits, will Fire Dept. respond?	<input type="checkbox"/>	<input type="checkbox"/>
Wiring Replace? If yes, when _____	<input type="checkbox"/>	<input type="checkbox"/>	Business on premises? (If YES, describe under		
Fuse Box _____ Breakers _____			REMARKS)	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing Replaced? If yes, when _____	<input type="checkbox"/>	<input type="checkbox"/>	Lot size over 5 acres? (If YES, describe under		
Central Heat? _____	<input type="checkbox"/>	<input type="checkbox"/>	REMARKS)	<input type="checkbox"/>	<input type="checkbox"/>
Type of Heating _____			Any unrepaired damages?	<input type="checkbox"/>	<input type="checkbox"/>
Wood burning stove? _____	<input type="checkbox"/>	<input type="checkbox"/>	Has anyone with a financial interest in this property		
Any self construction: remodeling? _____	<input type="checkbox"/>	<input type="checkbox"/>	been convicted for arson, fraud, or other crime		
Is this primary residence? _____	<input type="checkbox"/>	<input type="checkbox"/>	related to loss on property owned now or during		
Any cancellation, declinations or non-renewals	<input type="checkbox"/>	<input type="checkbox"/>	the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 3 years? _____	<input type="checkbox"/>	<input type="checkbox"/>	Describe any barns or outbuildings on property:		
If yes - reason _____			_____		
Is dwelling Mobile Home or Portable Building?	<input type="checkbox"/>	<input type="checkbox"/>	How long resided in dwelling? _____		
MFG _____ Length _____ Width _____ Ser.# _____			Breed of dog _____		
Swimming pool on premises?	<input type="checkbox"/>	<input type="checkbox"/>			
(25,000.00 maximum liability)					

PRODUCER WARRANTIES

- Have you personally (or your agency representative) inspected this risk during the past 60 days?
- Do you recommend this risk from the standpoint of pride of ownership and state of repairs?

*Windstorm, Hurricane and Hail Exclusion, Form 140, required in all First Tier Counties.

I warrant that the coverage offered in this application is not available with an admitted carrier.

SIGNATURE OF PRODUCER: _____ DATE: _____

DECLARATIONS OF THE INSURED:

1. The described premises are occupied by not more than one family and not more than one roomer or boarder per family.
2. The above premises of the described dwelling are the only premises where the Named Insured or spouse maintains a residence other than business property and farms.
3. No business pursuits are conducted at the premises of the described dwelling.
4. Seacoast (Tier 1); Wind and Hail coverage through the Association has been purchased.

I/We the undersigned understand the statements in this application are warranties upon which rates are predicated and upon which the company relies that incorrect statements of material facts may void coverage.

SPECIAL NOTICE: As a part of the 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.

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.

PRIVATE POLICY:

I have received and read a copy of the company's Privacy Statement and Procedures. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies. I understand and agree that any information about me that is contained in, or that is obtained in connection with this application or any policy issued to me may be used by any company listed on the Privacy Statement Brochure to issue, review and renew the insurance for which I am applying.

APPLICANT'S SIGNATURE: _____ DATE: _____

COMMENTS: