



## *Agent Information*

Agent:

Agency Code:

Contact:

Phone:

Email:

New                      Renewal

Policy Number:



## 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 Only Tenant Only Owner and Tenant(s) Seasonal and/or Secondary Short Term and/or Vacation Rental
3. Please confirm all rentals are for minimum two nights with a security deposit and written rental agreement in place and signed by all owners and tenants? **(Applicable for Short Term and/or Vacation Rental quotes only)** 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 application of property insurance refused, cancelled or non-renewed in the past 3 (three) years? (other than vacancy) Yes No

If the answer above is Yes, were they for any of the following reasons only:

- Insurer no longer writing class of business? Yes No
- Insurer no longer writing class of business in territory? Yes No
- Risk no longer qualifying for an Admitted Carrier program?
- Loss History?

6. Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud? Yes No

7. Has the applicant had more than three claims OR any one claim exceeding \$25,000 in total in the past five years?

8. Has the applicant had more than two water damage claims in the past five years? Yes No

9. Does the property have any galvanized plumbing pipes? Yes No

10. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?

11. Is there any existing damage to building(s) to be insured?

12. Is the property to be insured subject to more than two mortgages or other encumbrances?

13. Is the property to be insured subject to a mortgage provided by an individual or entity other than a financial institution?

14. Is the property attached to, occupied as, or converted from a commercial building? Yes No

15. Is the property to be insured a Rooming House, Boarding House or used for Student Housing?

16. Is the property located in a landslide, or brush fire area (with less than 200 feet brush clearance)?

17. Does the property have any knob & tube aluminium wiring or is on fuses?

18. Does any wiring at the property have less than 100amp circuit breakers?

19. Are kerosene, paraffin, or portable space heaters used?

19. Is the property situated on more than 25 acres?

20. Is the property an earth home, dome 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

**ELIGIBILITY QUESTIONS (continued)**

22. Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect? Yes No
23. Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed \$150,000; or (ii) involve structural repairs being performed by any person? Yes No

**GENERAL DETAILS**

Name and Mailing Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 Address of Property to be Insured: \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Name and Address of Retail Broker: \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**CONTACT DETAILS**

Contact Name \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_

**COVERAGE AND PROPERTY DETAILS**

24. Protection Class: \_\_\_\_\_
25. Is Condominium Unit Owners Coverage required? **(Applicable for Owner Only One Family of HYbUhcib`riCbY: Ua Jmquotes)** Yes ~~NA~~ No
26. Total square footage of building to be insured: \_\_\_\_\_
27. Construction Type:  
 Frame    Joisted Masonry    Masonry Non Combustible    Non Combustible    Modified Fire Resistive    Fire Resistive    Other
28. Age of building or full electrical and plumbing upgrade?            0-35 Years    36-50 Years    Over 50 Years
29. When was the roof last replaced?    0-25 Years    26-50 Years    Over 50 Years
30. Value of Coverage A – Dwelling to be insured: \_\_\_\_\_
31. Is Coverage B – Other Structures cover required?            Yes    No    31a. Value of Coverage B – Other Structures: \_\_\_\_\_
32. Is Coverage C – Personal Property (ex-theft) cover required?    Yes    No    32a. Value of Coverage C – Personal Property (ex-theft): \_\_\_\_\_
33. If available, is Coverage D – Fair Rental cover required?            Yes    No    33a. Value of Coverage D – Fair Rental: \_\_\_\_\_
34. If available, is Coverage E – Additional Living Expenses cover required?    Yes    No
35. Value of Coverage E – Additional Living Expenses: \_\_\_\_\_
36. Wind and Hail Deductible per occurrence:    \$1,000    \$2,500    \$5,000    \$10,000
37. All Other Perils Deductible per occurrence:    \$1,000    \$2,500    \$5,000    \$10,000
38. Which type of quote do you require?            DP1    DP3    39. Is there a wood stove on the premises?            Yes    No
40. Would you like to buy coverage for the peril of Earthquake? **(applicable for 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)**

44. Is dwelling situated on more than five acres? Yes No 44a. How many acres? 6-15 16-25 25+

44b. Please describe use of land: \_\_\_\_\_

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

45b. What limit would you like for swimming pool liability? \$25,000 \$50,000 \$100,000

46. 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 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 \_\_\_\_\_