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|----------------------------|--|------------------------|-----------------------|
| Applicant | | Occupation | Date Of Birth |
| Inspection Contact: | | Phone #: | Insured Email: |
| Agency: | | Agency Address: | |
| Agent: | | | |

| | | | | |
|----------------------|-------------------------|-----------------------|------------------------|--|
| Prior Carrier | Expiring Premium | Effective Date | Expiration Date | Effective Date (of this policy) |
| | | | | |

| | | | | | |
|-------------------------|--------------|-------------|--------------|------------|---------------|
| INSURED LOCATION | Unit# | City | State | Zip | County |
| Mailing Address | | City | State | Zip | |

COVERAGES/LIMITS OF LIABILITY

| Policy Form | Occupancy | Dwelling/(A&A-HO6) | Other Structures | Personal Property | Loss of Use |
|---|----------------------|--------------------------------|---------------------------|-------------------------|-----------------------|
| [] HO-2 | [] Primary | | | | |
| [] HO-3 | [] Secondary | | | | |
| [] HO-4 | [] Secondary Rental | | | | |
| [] HO-5 | [] Rental | | | | |
| [] HO-6 | [] Builder's Risk | Loss Assessment | Personal Liability | Medical Payments | AOP Deductible |
| [] HO-8 | [] Vacant | | | | |
| [] DP-1 | | | | | |
| [] DP-3 | | | | | |
| If Rented - # of weeks per year? | | <i>Wind Deductible Section</i> | | | |
| If Vacant – length of vacancy? | | Wind Deductible % | Named Storm Option | Exclude Wind | Wind Only |
| | | | [] Yes | [] Yes | [] Yes |

RATING INFORMATION

| | | | | | |
|---|-------------------|------------------|--------------------|--|---|
| Year Built <i>(*update chart below)</i> | # Families | # Stories | Sq. Footage | Protection Class <i>(9/10 requires supplemental app)</i> | Distance to Fire Hydrant(Feet) |
| | | | | | Distance to Fire Station (Miles) |

| | | |
|--|--------|---------|
| Was the dwelling guttred and completely remodeled ? | [] No | [] Yes |
| Does the dwelling include any live knob and tube wiring ? | [] No | [] Yes |
| Does the dwelling include any fuses ? | [] No | [] Yes |
| Does the dwelling include any lead piping as part of the plumbing system? | [] No | [] Yes |

**Update Information (required if year built is >35 years old)*

| Roof (Year) | | Wiring (Year) | | Heating (Year) | | Plumbing (Year) | |
|--------------------|----------|----------------------|----------|-----------------------|----------|------------------------|----------|
| Partial | Complete | Partial | Complete | Partial | Complete | Partial | Complete |
| [] | [] | [] | [] | [] | [] | [] | [] |



| Construction | Roof Type | Roof Shape | Wind Credits | Protection Credits |
|--|---|--------------------------------|--|--|
| <input type="checkbox"/> Frame/Stucco | <input type="checkbox"/> Shingles Asphalt | <input type="checkbox"/> Hip | <input type="checkbox"/> Wind Resistive Glass | <input type="checkbox"/> Central Fire |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Tile | <input type="checkbox"/> Gable | <input type="checkbox"/> Single Straps | <input type="checkbox"/> Central Burglar |
| <input type="checkbox"/> Masonry Veneer | <input type="checkbox"/> Metal | <input type="checkbox"/> Flat | <input type="checkbox"/> Double Straps | <input type="checkbox"/> Smoke Detector |
| <input type="checkbox"/> Superior | <input type="checkbox"/> Slate | <input type="checkbox"/> Other | <input type="checkbox"/> Clips | <input type="checkbox"/> Interior Sprinklers |
| <input type="checkbox"/> Log <i>(supplemental app)</i> | <input type="checkbox"/> Shake-cement | | <input type="checkbox"/> Metal Electronic Shutters | <input type="checkbox"/> Gated Community |
| | <input type="checkbox"/> Shake-wood | | <input type="checkbox"/> Metal Manual Shutters | <input type="checkbox"/> Monitored Cameras |
| <input type="checkbox"/> EIFS | <input type="checkbox"/> Other | | | |

LOSS HISTORY (prior 3 years)

| Date | Type of Loss | Cause | Amount | Open/Closed | Preventative Measures |
|------|--------------|-------|--------|-------------|-----------------------|
| | | | | | |
| | | | | | |

ADDITIONAL UNDERWRITING INFORMATION

| | | |
|---|-----------------------------|------------------------------|
| Any trampoline on premises? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Any swimming pool on premises? If yes, is pool fenced with locked gate? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, any slide or diving board? <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Any business on premises? <i>If yes, explain in remarks section.</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Any insurance declined, cancelled or non-renewed within 5 years? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Is there a daycare located on premises? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Any animals on premises? <i>If yes, please provide breed and bite history in remarks section.</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Is the dwelling for sale ? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Is the unit rented to students ? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has anyone with financial interest in the property been convicted of arson, fraud or other crime related to a loss on property? <i>If yes, please explain in remarks section.</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has the insured declared bankruptcy, foreclosure or repossession in the last 5 years? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Is the dwelling undergoing any renovation or construction ? <i>If yes, requires supplemental application.</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Is there a woodstove on premises? <i>If yes, requires supplemental application.</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Is there a fuel tank on premises? If yes, <input type="checkbox"/> Underground <input type="checkbox"/> Basement <input type="checkbox"/> Above Ground | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Is the dwelling on the National Historic Registry ? If yes, tours? <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

OPTIONAL COVERAGES

LIMITS

DEDUCTIBLE

| | | | | |
|---|------------------------------|-----------------------------|--|--|
| Personal Property Replacement Cost | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Extended Replacement Cost | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 25% <input type="checkbox"/> 50% | |
| Water Backup | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$15K <input type="checkbox"/> \$25K | |
| Mold – property limit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$15K <input type="checkbox"/> \$25K | |
| Mold – liability limit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$15K <input type="checkbox"/> \$25K | |
| All Risk Coverage C <i>(HO-3, HO-4, HO-6 Only, incl. w/ HO-5)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Equipment Breakdown | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Earthquake on A&C | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Sinkhole <i>(If yes, complete additional questions below)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Personal Injury <i>(primary occupancy only)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Identity Fraud <i>(primary occupancy only)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |



| | | | | |
|---|------------------------------|-----------------------------|--|--|
| Ordinance or Law <i>(10% automatically incl. for HO forms)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% | |
| All Risk Coverage A <i>(HO-6 Only)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Extended Glass Breakage & Vandalism <i>(not available on vacant risks)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Increased Special Limits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Golf Cart – Physical Damage Coverage <i>If yes, provide Year, Make, Model, Serial # & Value.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Theft of Building Materials <i>(COC/Renovations)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Soft Costs Extension <i>(COC/Renovations)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

| | | |
|--|------------------------------|-----------------------------|
| CA Only: Is there 150 feet of brush clearance around all structures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CA Only: If Wood Shake roof, is there 1,000 feet of brush clearance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CA, NV, WA & OR: Is home located on a slope ? If yes, degree of slope? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|--|------------------------------|-----------------------------|
| If yes to EQ Coverage in CA, OR, WA: Has the dwelling been retrofitted and bolted to the foundation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

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|---|------------------------------|-----------------------------|
| If yes to Sinkhole: | | |
| 1. Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. At any time, has this property had any prior sinkhole claims? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REMARKS/Additional Information

Additional Insured (Name/Mailing Address)

Grantor, Beneficiary or Trustee (For Named Insureds that are Trusts, Estates, etc.)

Mortgagee (Name/Mailing Address)

Loan #

| | |
|--|--|
| | |
|--|--|

Mortgagee (Name/Mailing Address)

Loan #

| | |
|--|--|
| | |
|--|--|



NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).



NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

PRODUCER'S SIGNATURE _____ **DATE:** _____

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application and that the information provided is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE _____ **DATE:** _____