



This is not an Application for Coverage. A complete application must be submitted and reviewed by your underwriter in order to receive a quote that can be bound.

<b>Requested Effective Date:</b>

<b>Agency:</b>	<b>Agent:</b>
<b>Insured Name:</b>	<b>Occupation</b> (if retired, prior occupation):
<b>Spouse Name:</b>	<b>Occupation</b> (if retired, prior occupation):
<b>Preferred Contact Phone #:</b>	
<b>Current Insurance Carriers for All Policies:</b>	<b>Expiring Premium:</b>

INSURED LOCATION		Unit#	City	State	Zip	County
Dwelling	Other Structures	Personal Property		Liability		Medical Payments
AOP Deductible	Wind Deductible %	Named Storm Option [ ] Yes		Exclude Wind [ ] Yes		

<b>Occupancy</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Rental <input type="checkbox"/> Builder's Risk <input type="checkbox"/> Vacant	<b>Construction</b> <input type="checkbox"/> Frame/Stucco <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> Log	<b>Year Built</b>	<b>Renovations</b>	<b>Part</b>	<b>Comp</b>	<b>Year</b>
		<b># of Stories</b>	Wiring	[ ] Yes	[ ] Yes	
		<b>Sq. Footage</b>	Heating	[ ] Yes	[ ] Yes	
			Plumbing	[ ] Yes	[ ] Yes	
If <b>Rented</b> - # of weeks per year? _____  If <b>Vacant</b> - length of vacancy? _____	<b>Roof Type</b> <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Other	<b>Basement/Type</b>	Was the dwelling <b>gutted</b> and <b>completely remodeled</b> ?		[ ] No	[ ] Yes
		<b>Extended Liability</b> [ ] No [ ] Yes # of Loc. _____	Does the dwelling include any live <b>knob and tube wiring, fuses or lead piping</b> ?		[ ] No	[ ] Yes
If <b>Secondary</b> - Caretaker Info _____ _____	<b>Roof Shape</b> <input type="checkbox"/> Hip <input type="checkbox"/> Gable <input type="checkbox"/> Flat <input type="checkbox"/> Other	<b># of Mortgagees</b>	<b>Credits</b>			
		<b>Any trampoline?</b> [ ] No [ ] Yes	<input type="checkbox"/> Backup Generator (type) <input type="checkbox"/> Monitored Fire Alarm <input type="checkbox"/> Monitored Burglar Alarm <input type="checkbox"/> Gated Community <input type="checkbox"/> Doorman <input type="checkbox"/> 24/7 Guard <input type="checkbox"/> Perimeter Gate <input type="checkbox"/> Interior Sprinkler System <input type="checkbox"/> Lightning Protection (UL Approved)			
		<b>Any pool?</b> [ ] No [ ] Yes [ ] Above Ground [ ] In Ground				

Within <b>1,000 ft.</b> of Hydrant? If no hydrant, water source? _____	[ ] No	[ ] Yes	<b>Windstorm Mitigation Information (Coastal Properties Only)</b>		
Within <b>5 miles</b> of Fire Department?	[ ] No	[ ] Yes	[ ] Impact Glass	[ ] Toenails	Florida Building Code FBC Compliant?
Any <b>lapse</b> in coverage?	[ ] No	[ ] Yes	[ ] Shutters	[ ] Clips	[ ] No [ ] Yes
				[ ] Straps	Deck Attach(A/B/C) _____



Any <b>Domestic Employees</b> ? [ ] No [ ] Yes	If yes, How many of each? Full Time Inside _____ Part Time Inside _____ Full Time Outside _____ Part Time Outside _____
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Any <b>Animals</b> with prior <b>bite</b> history? [ ] No [ ] Yes
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**LOSS HISTORY** (prior 3 years)

Date	Type of Loss	Cause	Amount	Open/Closed	Preventative Measures

<b>CA Only:</b> Is there 150 feet of <b>brush clearance</b> around all structures?	[ ] No	[ ] Yes
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**Optional Coverages Requested/Additional Underwriting Concerns or Remarks**

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**AUTOMOBILE INFORMATION:** Years with Current Auto Carrier: \_\_\_\_\_

Driver #	Name	Date of Birth	Marital Status	Use (Pleasure, Commute, Business)	# year(s) licensed in USA	Good Student (A/B Grade Average)	License #
1							
2							
3							
4							
5							

**VEHICLE INFORMATION:**

#	Year	Make and Model	Serial Number (VIN)	Annual Mileage	Owned/Financed/Leased	Cost New
1						
2						
3						
4						
5						

VEHICLE #	For each vehicle, please list all drivers
1	
2	
3	
4	
5	

<b>Comp/Collision Deductible</b>	
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**MVR/CLUE (List All Details for past 5 years including tickets/accidents/suspensions)**

Driver #	Date of Accident or Conviction	At fault?	Description of Accident or Conviction	BI or Death		Place of Accident/ Conviction	Amount Paid/ Reserved
				YES	NO		

**VALUABLE ARTICLES - Jewelry:**

Total # of Items \_\_\_\_\_ Highest Value \_\_\_\_\_

Storage Location (if in safe or bank vault) \_\_\_\_\_

Scheduled Limit		
Blanket Limit		Per Item Max: [ ] \$10K [ ] \$20K [ ] \$50K

**VALUABLE ARTICLES - Fine Arts:**

Total # of Items \_\_\_\_\_ Highest Value \_\_\_\_\_

Exhibition of Any Art: \_\_\_\_\_

Scheduled Limit		
Blanket Limit		Per Item Max: [ ] \$10K [ ] \$20K [ ] \$50K

**VALUABLE ARTICLES - Other Items:**

Describe: \_\_\_\_\_

**UMBRELLA:**

Excess Limit	UM/UIM Limit	Excess D&O	EPLI

**Miscellaneous:** (List any Recreational Vehicles/Watercraft/Aircraft/Etc. Exposures)

\_\_\_\_\_

**Additional Information**

**\*\*Other Documents to Include with Submission:**

Collections Schedule, Flood Dec, Elevation Certificate, Wind Mitigation Form, Wind/EQ/Excess Flood Dec Pages