



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.

Effective Date	Requested Term
	<input type="checkbox"/> 3 month <input type="checkbox"/> 6 month <input type="checkbox"/> 12 month

Applicant	Agency:
	Agent:
Prior Carrier:	Expiring Premium:

INSURED LOCATION	Unit#	City	State	Zip	County

COVERAGES/LIMITS OF LIABILITY

Policy Form	Occupancy	Dwelling/(A&A-HO6)	Other Structures	Personal Property	Loss of Use
<input type="checkbox"/> HO-2	<input type="checkbox"/> Primary				
<input type="checkbox"/> HO-3	<input type="checkbox"/> Secondary				
<input type="checkbox"/> HO-4	<input type="checkbox"/> Secondary Rental				
<input type="checkbox"/> HO-5	<input type="checkbox"/> Rental				
<input type="checkbox"/> HO-6	<input type="checkbox"/> Builder's Risk	Loss Assessment	Personal Liability	Medical Payments	AOP Deductible
<input type="checkbox"/> HO-8	<input type="checkbox"/> Vacant				
<input type="checkbox"/> DP-1					
<input type="checkbox"/> 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
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

RATING INFORMATION

Year Built	# Families	Sq. Footage	PC	Was the dwelling gutted and completely remodeled ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
				Does the dwelling include any live knob and tube wiring, fuses or lead piping ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
				CA Only: Is there 150 feet of brush clearance around all structures?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
				Any trampoline or swimming pool ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
				Any lapse in coverage?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Renovations	Part	Comp	Year
Wiring			
Heating			
Plumbing			
Roof			

Construction	Roof Type	Roof Shape	Credits
<input type="checkbox"/> Frame/Stucco	<input type="checkbox"/> Shingles Asphalt	<input type="checkbox"/> Hip	<input type="checkbox"/> Wind Resistive Glass
<input type="checkbox"/> Masonry	<input type="checkbox"/> Tile	<input type="checkbox"/> Gable	<input type="checkbox"/> Double Straps
<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Metal	<input type="checkbox"/> Flat	<input type="checkbox"/> Metal Electronic Shutters
<input type="checkbox"/> Superior	<input type="checkbox"/> Slate	<input type="checkbox"/> Other	<input type="checkbox"/> Metal Manual Shutters
<input type="checkbox"/> Log (<i>supplemental app</i>)			<input type="checkbox"/> Central Fire
<input type="checkbox"/> EIFS			<input type="checkbox"/> Central Burglar

LOSS HISTORY (prior 3 years)

Date	Type of Loss	Cause	Amount	Open/Closed	Preventative Measures

Optional Coverages Requested/Additional Underwriting Concerns or Remarks