



Insured's Name	Date of Birth	Occupation	Phone Number
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Risk Address			Risk County
Mailing Address			
Email address			

Underwriting Information

Effective Date	Year Built	Square Footage	No. Stories	No. Families	Historic Registry <input type="checkbox"/> Yes <input type="checkbox"/> No
Protection Class	Distance to Fire Hydrant (in feet)	Distance to Fire Station (in miles)	Distance to Coast _____ miles		
Policy Form	<input type="checkbox"/> HO3 <input type="checkbox"/> HO4 <input type="checkbox"/> HO5 <input type="checkbox"/> HO6 <input type="checkbox"/> HO8 <input type="checkbox"/> DP1 <input type="checkbox"/> DP3 <input type="checkbox"/> Other _____				
Policy Term	<input type="checkbox"/> 3 Mo. <input type="checkbox"/> 6 Mo. <input type="checkbox"/> 12 Mo.				
Occupancy	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Annual Rental <input type="checkbox"/> Short-term Rental (If Short-term Rental, attach the Short-term Rental Questionnaire) <input type="checkbox"/> Vacant (If Vacant, attach completed Vacant Questionnaire) <input type="checkbox"/> Course of Construction/Renovations				
Construction	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log <input type="checkbox"/> Modular <input type="checkbox"/> Other Construction _____				
Siding Type	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Asbestos <input type="checkbox"/> EIFS <input type="checkbox"/> Fiber Cement Board <input type="checkbox"/> Stucco <input type="checkbox"/> Metal <input type="checkbox"/> Other _____				
Shape of Roof	<input type="checkbox"/> Flat <input type="checkbox"/> Gable end w/bracing <input type="checkbox"/> Gable end w/o bracing <input type="checkbox"/> Hip <input type="checkbox"/> Tile <input type="checkbox"/> Other _____				
Type of Roof	<input type="checkbox"/> Asphalt <input type="checkbox"/> Woodshake <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Concrete <input type="checkbox"/> Tile roof <input type="checkbox"/> Other _____				
Foundation Type	<input type="checkbox"/> Slab <input type="checkbox"/> Crawlspace <input type="checkbox"/> Piers/Stilts/Pilings				
Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," depth? _____		Is pool above or below ground? <input type="checkbox"/> Above <input type="checkbox"/> Below	
Self Locking Gate	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Approved Fence	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Diving Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," height? _____			
Slide	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," height? _____			
Trampoline	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," with approved fence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5+ Acres	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," acreage? _____ Usage _____			
Wood Stove	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," attach completed Wood Stove Questionnaire.			
Renovations during policy period?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there any tree limbs overhanging the roof? (if yes, please submit photos of the roof).....					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there existing damage to the dwelling?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If multi-family, does the risk have firewalls?					<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there un-remediated Chinese drywall in the dwelling?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Bars					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes is selected, Are Quick Release Latches Installed?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home a modular home?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a dock on the premises?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a business or farming on the premises?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the risk had a lapse in coverage					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details _____					
Are there animals on the premises?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide breed and bite history. _____					

Is risk located in an area prone to road washout? ☐ Yes ☐ No

If yes, please explain. _____

Are roads paved and accessible year-round? ☐ Yes ☐ No

Any water exposure other than pool? ☐ Yes ☐ No

If yes, please explain. _____

Any child care on premises? ☐ Yes ☐ No

5 Year Loss History ☐ No losses

Previous Carrier _____ Policy Expiration _____

Does the current carrier provide coverage for wind/hail? If not, please provide details of lapse in comments section below ☐ Yes ☐ No

Is flood coverage in force? ☐ Yes ☐ No

If new purchase, please advise the purchase date _____

Has coverage been canceled or non-renewed? ☐ Yes ☐ No

If yes, provide explanation. _____

Has insured ever been charged with arson, fraud, or bribery? ☐ Yes ☐ No

Has insured ever filed bankruptcy or had a foreclosure or repossession? If "Yes," provide details ☐ Yes ☐ No

Mortgagee Clause

Loan No.

Second Mortgagee Clause

Loan No.

Update Information

Roof	<input type="checkbox"/> None	Year _____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuses If yes, please advise the number of amps _____
Wiring	<input type="checkbox"/> None	Year _____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	
Plumbing	<input type="checkbox"/> None	Year _____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Polybutylene Primary Heat Source _____
Heating	<input type="checkbox"/> None	Year _____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	

Premium Credits (Check all that apply.)

Protective Device

- ☐ Central Fire Alarm
- ☐ Central Burglar Alarm
- ☐ Water Leak Alert System
- ☐ Central Motion Detections
- ☐ Interior Sprinkles
- ☐ Local Alarm
- ☐ Gated Community Name _____

Opening Protection

- ☐ Wind Resistive Glass
- ☐ Metal Manual Shutters
- ☐ Metal Electric Shutters
- ☐ Plywood Shutters
- ☐ Other: _____

Roof Anchor

- ☐ Clips
- ☐ Single Wraps
- ☐ Double Wraps
- ☐ Structural
- ☐ Toe Nails
- ☐ Other: _____

Coverage Limits

Coverage A Dwelling	Coverage B Other Structures	Coverage C Personal Property	Coverage D/E Loss of Use/Fair Rental Value	Coverage E/L Liability	Coverage F/M Medical Payments
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Deductibles

AOP _____ Excluding Wind ☐ Yes ☐ No Wind/Hail _____ Other (Specify Peril) _____
\$ _____

Optional Endorsements

- | | | |
|--|---|--|
| <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Actual Cash Value Dwelling | <input type="checkbox"/> Increased Loss Assessment (Over \$1,000) \$ _____ |
| <input type="checkbox"/> Identity Fraud | <input type="checkbox"/> Replacement Cost Dwelling | <input type="checkbox"/> Increased Ordinance or Law (Over 10%) _____ % |
| <input type="checkbox"/> Service Line Coverage | <input type="checkbox"/> Replacement Cost Contents | <input type="checkbox"/> Water Backup and Sump Overflow \$ _____ |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Named Storm Deductible | <input type="checkbox"/> Restricted Animal Liability |
| <input type="checkbox"/> Mold \$ _____ | <input type="checkbox"/> Home Systems Protection | <input type="checkbox"/> Scheduled Property (Submit list) |
| <input type="checkbox"/> Extended Replacement Cost _____ | | <input type="checkbox"/> Other _____ |

Comments _____

Target premium _____

Agent Signature: _____ Date: _____

Insured Signature: _____ Date: _____

I have read the above application and any attachments. I declare that the information provided in them 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. Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, and VA, insurance benefits may also be denied).