

APPLICANT'S NAME (1): _____ **TEL. #:** _____ - _____

CO-APPLICANT'S NAME (2): _____

CONTACT PERSON'S FULL NAME, IF APPLICANT IS NOT AN INDIVIDUAL: _____

APPLICANT'S D/O/B: ____/____/____ **MARITAL STAU:** _____ **OCCUPATION:** _____

** FOR a more accurate quote...SS. # or AT LEAST last 4 digits:* _____

CO-APPLICANT D/O/B: ____/____/____ **MARITAL STAU:** _____ **OCCUPATION:** _____

** FOR a more accurate quote...SS. # or AT LEAST last 4 digits:* _____

ESTIMATED EFFECTIVE DATE OF COVERAGE: _____/_____/_____

MAILING ADDRESS: _____ **NY ZIP:** _____

LOCATION ADDRESS, IF DIFFERENT: _____ **NY ZIP:** _____

PRIOR ADDRESS & # OF YEARS THERE: _____

EMPOYER'S NAME & ADDRESS: _____ **YEARS EMPLOYED THERE:** _____

OWNER OCCUPIED? _____ **IF NOT, WHO INSURES THE MAIN DWELLING:** _____

HOMEOWNERS (CIRCLE ONE) HO-2 HO-3 HO-4 HO-6 DWELLING FIRE (CIRCLE ONE) DP-1 DP-2 DP-3

DEDUCTIBLE (CIRCLE ONE) \$500 \$1000 \$2500 \$5000 DWELLING LIMIT: \$ _____

LIABILITY LIMIT: \$ _____ **MEDICAL PAYMENTS LIMIT: \$** _____

CONTENTS LMIT: \$ _____ **R.C. DWELLING?** _____ **R.C. CONTENTS?** _____

WATER BACKUP? _____ **ID THEFT?** _____ **EQUIP. BREAKDOWN?** _____ **RENTAL INCOME: \$** _____

CONSTRUCTION (CIRCLE ONE): MASONRY FRAME SQUARE FOOTAGE OF DWELLING: _____ HEATING TYPE: _____

ROOF TYPE (CIRCLE ONE): FLAT PITCHED # OF FAMILIES: _____ YEAR BUILT: _____

DWELLING IS (CIRCLE ONE): FULLY DETACHED SEMI DETACHED FULLY ATTACHED

CONTINUATION...

SECURITY SYSTEM...CIRCLE ONE? CENTRAL STATION BURGLARY CENTRAL STATION FIRE BOTH

MODERNIZED/UPDATED?

EXPLAIN IN DETAIL ALL RENOVATONS

BOILER: ____ / ____ / ____ (CIRCLE ONE) FULL OR PARTIAL: _____

ELECTRIC: ____ / ____ / ____ (CIRCLE ONE) FULL OR PARTIAL: _____

PLUMBING: ____ / ____ / ____ (CIRCLE ONE) FULL OR PARTIAL: _____

ROOF: ____ / ____ / ____ (CIRCLE ONE) FULL OR PARTIAL: _____

BUSINESS PURSUITS ON THE PREMISES? _____ **IF YES, EXPLAIN:** _____

POOL? ____ **DIVING BOARD/SLIDES?** ____ **SELF-LOCKING GATE?** ____ **IS BACKYARD TOTALLY FENCED IN?** _____

PETS? ____ **TYPE/BREED:** _____ **LICENSED?** ____ **HISTORY OF BITING?** _____

TRAMPOLINES? ____ **FIRE EXTINGUISHER ON PREMISES?** ____ **SOLAR PANELS?** _____

CIRCUIT BREAKERS? _____ **OPEN OR CLOSED FOUNDATION?** _____

CURRENT INS. CO. NAME: _____ **POL. #:** _____ **EXPIRATION DATE:** ____ / ____ / ____

IF CANCELLED/NON-RENEWED, WHEN & REASON: _____

LOSSES/CLAIMS IN THE PAST 5 YEARS? ____ **IF YES, EXPLAIN:** _____

MORTGAGEE INFO: _____

_____ **LOAN #** _____

BILLING (CIRCLE ONE): MORTGAGEE INSURED **PAY PLAN (CIRCLE ONE):** 1 PAY INSTALLMENTS

ADDITIONAL INSURED #1: _____ **ADDRESS:** _____

ADDITIONAL INSURED #2: _____ **ADDRESS:** _____

MISC. INFO: _____