



PRODUCER INFORMATION / PROGRAM SELECTION

Agent Name:	Agent #:	Effective Date:
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APPLICANT / CO-APPLICANT INFORMATION

Name		DOB	
Designee Type: <input type="checkbox"/> N/A <input type="checkbox"/> C/O <input type="checkbox"/> DBA <input type="checkbox"/> Executor <input type="checkbox"/> Trust		Designee Comments:	
Mailing Address			
City	State	Zip	Country
Daytime Phone No.		Evening Phone No.	
Email Address			Social Security #
Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Employer			Employer Phone No.
Co-applicant's Name			DOB
Does the co-applicant live at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Co-applicant Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Co-applicant's Social Security #			

UNDERWRITING

Eligibility Information

Any "Yes" response makes the risk unacceptable and it cannot be written!

	Yes	No
1. Has the applicant been convicted of arson or insurance fraud?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the dwelling without permanently installed water, electricity and sewage utility services? (Applicable to the DP-2 and DP-3 programs.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the dwelling have any existing structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the dwelling under construction or major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the dwelling in foreclosure?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there liquid fuel-powered space heaters or any heat reclaiming devices in the dwelling?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling's primary source of heat a wood/coal/pellet burning device? (Applicable to the DP-2 and DP-3 programs.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the dwelling have other structures or garages with a wood/coal/pellet burning device?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the dwelling have knob and tube wiring or electrical services with less than 100 AMP service?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the dwelling have External Insulation Finish System (EIFS) siding?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the dwelling have polybutelene pipes? (Applicable to the DP-2 and DP-3 programs.).....	<input type="checkbox"/>	<input type="checkbox"/>
12. Are explosive or flammable materials stored on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is brush clearance less than 100 feet around the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the dwelling located next to any burned out or abandoned building(s)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the dwelling a mobile home, dome home, log home, straw built home or condominium? (Mobile homes acceptable in the Vacant program.).....	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there childcare, homecare, lodging, auto repair and/or chemical processing conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the dwelling have any peeling paint or damage to siding, soffits or fascia? (Applicable to the DP-2 and DP-3 programs.)	<input type="checkbox"/>	<input type="checkbox"/>

Underwriting Questions

	Yes	No
1. Has the applicant had a homeowners / dwelling policy cancelled or non-renewed for any reason, other than the carrier is no longer writing this business in the past 36 months? ...	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there any unrepaired or existing non-structural damage in the dwelling?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the dwelling attached to, occupied as or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the dwelling on an open foundation or built on stilts, posts or piers?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the dwelling without permanently installed steps and handrails, if 3 or more steps, on all entrances?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the dwelling within 1,500 feet of water (river or creek) or is it located on an island?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there multiple horses, livestock or farm animals on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a dock, pier or boat house on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the home on 5 or more acres?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Are farming activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are business activities conducted on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the dwelling have permanently installed water, electricity and sewage utility services? (Applicable to the DP-1 and Vacant programs.)	<input type="checkbox"/>	<input type="checkbox"/>
13. Is heat maintained in the dwelling? (Applicable to the Vacant program.)	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers! _____

INTERESTED PARTIES

Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City			State	Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City			State	Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City			State	Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROPERTY INFORMATION

Location Address					
City			State	Zip	County
Occupancy: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal <input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Renovation				Year Built	
Purchase Date		Purchase Price		Square Footage	
Property Type: <input type="checkbox"/> 1-4 Family <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Modular Home <input type="checkbox"/> Townhome <input type="checkbox"/> Rowhome <input type="checkbox"/> Condo Unit			# of Units in Dwelling	Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Brick Veneer	
Plumbing Information: Type: _____		Electrical Information: Type: _____			
Roofing Information: Type: _____		Year Of Last Complete Roof Replacement (yyyy): _____			
Heating Information: Type: _____					
Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Wood burning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____				Was the device installed by a licensed contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Protective Devices: <input type="checkbox"/> None <input type="checkbox"/> Central Station Fire Alarm <input type="checkbox"/> Central Station Burglar Alarm <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Dead Bolts <input type="checkbox"/> Other: _____					
Additional Information					
Does the applicant (or tenant if tenant occupied) own, keep or shelter any animal with a previous bite history or any non-domestic animals?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the premises have a swimming pool or spa that does not have a four-foot fence with a self-latching gate, motorized pool cover, or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the home been built, rebuilt or retrofitted to better resist hurricane or other catastrophic windstorm events?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home a new purchase?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant rent their primary or secondary dwelling to others more than two nights per year?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant currently have property insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, less than one year <input type="checkbox"/> Yes, 1-2 years <input type="checkbox"/> Yes, 3-4 years <input type="checkbox"/> Yes, 5 years or more					
Previous Policy Expiration Date: _____			Prior Insurer Name: _____		
If townhouse or rowhouse how many are connected? <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5 or more					
Distance to Fire Hydrant: or credible water supply? <input type="checkbox"/> 0-1,000 Feet <input type="checkbox"/> Greater than 1,000 Feet		Miles to Fire Department: <input type="checkbox"/> 0-5 Miles <input type="checkbox"/> Greater than 5 Miles		Protection Class	

LOSS EXPERIENCE

Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____	
Date of Loss: _____	Amount Paid: _____
Description: _____	
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced	
Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____	
Date of Loss: _____	Amount Paid: _____
Description: _____	
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced	
Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____	
Date of Loss: _____	Amount Paid: _____
Description: _____	
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced	

COVERAGE

<p>Coverage A Dwelling Limit: _____</p> <p>Coverage A Loss Settlement: <input type="checkbox"/> Replacement Cost (DP-2 and DP-3 only) <input type="checkbox"/> Actual Cash Value</p> <p>Coverage B Other Structures Limit: _____</p> <p>Description of Other Structure: _____</p> <p>Year Other Structure Built: _____</p> <p>Square Footage of Other Structure: _____</p> <p>Year of last complete roof replacement: _____</p> <p>Type of Roofing: _____</p> <p>Excluded Other Structures: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Description of Excluded Other Structure: _____</p> <p>Coverage C Personal Property Limit: _____</p> <p>Coverage C Loss Settlement: <input type="checkbox"/> Replacement Cost (DP-2 and DP-3 only) <input type="checkbox"/> Actual Cash Value</p> <p>Coverage D Fair Rental Value / Coverage E Additional Living Expense: _____</p> <p>Coverage L Personal/Premises Liability Limit: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000</p>	<p>Coverage M Medical Payments Limit: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p> <p>Deductibles: All Other Perils <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 Named Storm: <input type="checkbox"/> \$1,000 (only available in Territory C if Windstorm purchased)</p> <p><input type="checkbox"/> Residential Burglary: _____ (DP-1 only) <input type="checkbox"/> Limited Theft: _____ (Not Available for Vacants) <input type="checkbox"/> Earthquake (Not Available for Vacants) <input type="checkbox"/> Windstorm or Hail (Optional for Territory C only) <input type="checkbox"/> Water Back Up and Sump Discharge or Overflow (DP-2 and DP-3 only) <input type="checkbox"/> Increased Fire Department Service Charge (Not Available for Vacants) <input type="checkbox"/> Vandalism or Malicious Mischief (DP-1 only)</p> <p><input type="checkbox"/> Swimming Pool and Spa Exclusion <input type="checkbox"/> Livestock Exclusion <input type="checkbox"/> ACV Loss Settlement Windstorm or Hail Losses to Roof Surfacing (DP-2 and DP-3 only)</p>
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BILLING / ACCOUNTING INFORMATION

***PAYMENT PLANS:** If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected.

1-Pay, 100% payment, plus any applicable taxes and fees 4-Pay, 25% down, plus any applicable taxes and fees

2-Pay, 50% down, plus any applicable taxes and fees 8-Pay, 20% down, plus any applicable taxes and fees * Each installment includes a \$6 fully earned service charge

Initial Payment Amount: _____ Payment Type: ECheck Money Order Credit Card Business Check

ECheck Routing Number: _____ ECheck Account Number: _____ Business Check / Money Order Number: _____

Name as it appears on credit card: _____ Credit card billing address zip code: _____

Credit Card Type: Visa Mastercard Credit Card #: _____ Expiration Date: _____ CCID #: _____

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agent may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

SPECIFIC BREED ANIMAL EXCLUSION NOTICE: You should be aware that a Specific Breed Animal Exclusion will be attached to your policy and that bodily injury, property damage or any other loss or expense arising out of any occurrence involving any of the following types of animals and/or breeds of dogs will not be covered: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf, Wolf Hybrid, or any mix of these breeds with any other breed whether listed here or not.

X _____
MUST BE SIGNED (Signature of Applicant)

_____ **X** _____
Date MUST BE SIGNED (Signature of Producer)

_____ Date

REPLACEMENT COST ESTIMATOR

Has the property been upgraded? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the property on an historic registry? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the property been completely renovated in the last 40 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the property have any unique items (custom bar, sauna, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the custom items: _____ _____ _____ Total amount of insurance on custom items: _____	Construction Quality (select one) <input type="checkbox"/> Above Average / Upgraded <input type="checkbox"/> Average / Standard <input type="checkbox"/> Basic / Economic <input type="checkbox"/> Expensive / Custom <input type="checkbox"/> Modest / Fair <input type="checkbox"/> Opulent / Museum Quality <input type="checkbox"/> Very Expensive / Luxury	Does the property have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No Basement Square Footage: _____ Basement Year Built: _____ Basement Type (select one) <input type="checkbox"/> Basement, Finished below grade <input type="checkbox"/> Basement, Finished walk out <input type="checkbox"/> Basement, Partially finished <input type="checkbox"/> Basement, Partially finished walk out <input type="checkbox"/> Basement, Unfinished <input type="checkbox"/> Basement, Unfinished walk out
Does the property have a deck? <input type="checkbox"/> Yes <input type="checkbox"/> No Deck Square Footage: _____ Deck Year Built: _____ Deck Type (select one) <input type="checkbox"/> Deck, Specialty wood <input type="checkbox"/> Deck, Synthetic lumber <input type="checkbox"/> Deck, Wood	Does the property have a porch? <input type="checkbox"/> Yes <input type="checkbox"/> No Porch Square Footage: _____ Porch Year Built: _____ Porch Type (select one) <input type="checkbox"/> Porch, Enclosed <input type="checkbox"/> Porch, Open	Does the property have a Garage? <input type="checkbox"/> Yes <input type="checkbox"/> No Garage Square Footage: _____ Garage Year Built: _____ Garage Type (select one) <input type="checkbox"/> Carport <input type="checkbox"/> Garage, Attached <input type="checkbox"/> Garage, Built-in
Does the property have other areas? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Area Type (select all that apply) Square Footage Year Built <input type="checkbox"/> Attic _____ _____ <input type="checkbox"/> Balcony _____ _____ <input type="checkbox"/> Breeze Way _____ _____ <input type="checkbox"/> Carport _____ _____ <input type="checkbox"/> Cellar _____ _____ <input type="checkbox"/> Crawl Space _____ _____ <input type="checkbox"/> Greenhouse _____ _____ <input type="checkbox"/> Half Story _____ _____	<input type="checkbox"/> Lanai _____ _____ <input type="checkbox"/> Living Area Finished _____ _____ <input type="checkbox"/> Living Area Unfinished _____ _____ <input type="checkbox"/> Passageway _____ _____ <input type="checkbox"/> Patio, Covered _____ _____ <input type="checkbox"/> Pergola _____ _____ <input type="checkbox"/> Storage Area w/Breakaway Walls _____ _____ <input type="checkbox"/> Storage Area, Above Ground _____ _____ <input type="checkbox"/> Storage Area, Below Ground _____ _____ <input type="checkbox"/> Three-quarter Story _____ _____	
Foundation Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair General Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair Roof Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair Wall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair Debris Removal (state from 1% to 25%): _____	Dwelling Shape (select one) <input type="checkbox"/> Contemporary <input type="checkbox"/> L-Shaped <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Unique	Slope of Site (select one) <input type="checkbox"/> Flat <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Steep <input type="checkbox"/> Very Steep
Locale (select one) <input type="checkbox"/> Beachfront <input type="checkbox"/> City, Large <input type="checkbox"/> City, Medium <input type="checkbox"/> City, Small <input type="checkbox"/> Coastal <input type="checkbox"/> Gated Community <input type="checkbox"/> Remote, Very <input type="checkbox"/> Rural <input type="checkbox"/> Suburban	Roof Configuration (select one) <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Gable with Dormers <input type="checkbox"/> Gambrel <input type="checkbox"/> Hip <input type="checkbox"/> Hip with Gambrel Dormers <input type="checkbox"/> Mansard <input type="checkbox"/> Multi-level Contemporary <input type="checkbox"/> Salt Box <input type="checkbox"/> Shed	Foundation Type (select one) <input type="checkbox"/> Brick <input type="checkbox"/> Concrete Block <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Fieldstone <input type="checkbox"/> Holland Clay Tile <input type="checkbox"/> No Permanent Foundation <input type="checkbox"/> Pier <input type="checkbox"/> Pier and Beam <input type="checkbox"/> Pilings <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Stone Rubble and Mortar <input type="checkbox"/> Treated Wood
Dwelling Style (select one) <input type="checkbox"/> A-Frame <input type="checkbox"/> Cottage <input type="checkbox"/> Adobe <input type="checkbox"/> Farmhouse <input type="checkbox"/> Basic <input type="checkbox"/> Log <input type="checkbox"/> Bi-level <input type="checkbox"/> Mediterranean <input type="checkbox"/> Bungalow <input type="checkbox"/> Mobile Home <input type="checkbox"/> Cape Cod <input type="checkbox"/> Pueblo <input type="checkbox"/> Colonial	<input type="checkbox"/> Queen Anne <input type="checkbox"/> Rambler <input type="checkbox"/> Ranch <input type="checkbox"/> Split Level <input type="checkbox"/> Townhouse <input type="checkbox"/> Tri-level <input type="checkbox"/> Victorian	Primary Exterior (select one) <input type="checkbox"/> Adobe <input type="checkbox"/> Aluminum Siding <input type="checkbox"/> Brick Masonry <input type="checkbox"/> Cedar Siding <input type="checkbox"/> Cement Fiber <input type="checkbox"/> Clapboard <input type="checkbox"/> Concrete Block <input type="checkbox"/> Decorative Wood Shingle <input type="checkbox"/> Drivt / EIFS <input type="checkbox"/> Half Log Siding <input type="checkbox"/> Hardboard <input type="checkbox"/> Local Stone <input type="checkbox"/> Log <input type="checkbox"/> Masonite <input type="checkbox"/> Metal Siding <input type="checkbox"/> Redwood Siding <input type="checkbox"/> Steel Siding <input type="checkbox"/> Stucco <input type="checkbox"/> Veneer, Face Brick <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Wood Shake / Shingle <input type="checkbox"/> Wood Siding