

## DWELLING APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

### ELIGIBILITY QUESTIONS

1. In which state is the property to be insured: \_\_\_\_\_

2. Please select Type of Occupancy:    Owner Only    Tenant Only    Owner and Tenant(s)    Seasonal

3. Please select Type of Dwelling:    One Family    Two Family    Three Family    Four Family    Five Or More

4. Has the applicant had any application of property insurance refused, cancelled or non-renewed in the past 3 (three) years? (other than vacancy) Yes    No

If the answer above is Yes, were they for any of the following reasons:

- Insurer no longer writing class of business? Yes    No
- Insurer no longer writing class of business in territory?
- Risk no longer qualifying for an Admitted Carrier program?
- Loss History?

5. Is the applicant currently involved in bankruptcy proceedings? Yes    No
6. Has the applicant been convicted of the crimes of arson or insurance fraud? Yes    No
7. Has the applicant had more than two water damage claims in the past five years?

8. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?
9. Is there any existing damage to building(s) to be insured?
10. Is the property to be insured subject to more than two mortgages or other encumbrances?
11. Is the property to be insured subject to a mortgage provided by an individual or entity other than a financial institution?
12. Is the property attached to, occupied as, or converted from a commercial building?
13. Is the property an earth home, dome home, open pier, stilt home (built prior to 1990), row home, mobile home, manufactured home, farm, hobby farm or any other non-conventional dwelling? Yes    No
14. Is the property to be insured a Rooming House, Boarding House or used for Student housing?
15. Is the property located in a landslide, forest fire or brush fire area (with less than 200 feet brush clearance)?
16. Does the property have any knob & tube aluminium wiring or is on fuses?
17. Does any wiring at the property have less than 100amp circuit breakers?
18. Are kerosene, paraffin, or portable space heaters used?
19. Is the property situated on more than 25 acres?

20. Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect? Yes    No

*If the answer above is 'Yes', please answer the following question*

21. Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed \$150,000; or (ii) involve structural repairs being performed by any person? Yes    No

**GENERAL DETAILS**

Name and Mailing Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Address of Property to be Insured: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Name and Address of Retail Broker: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**CONTACT DETAILS**

Contact Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

**COVERAGE AND PROPERTY DETAILS**

1. Protection Class: \_\_\_\_\_  
2. Total square footage of building to be insured: \_\_\_\_\_  
3. Construction Type:  
Frame Joisted Masonry Masonry Non Combustible Non Combustible Modified Fire Resistive Fire Resistive Other  
4. Age of building or full electrical and plumbing upgrade? 0-35 Years 36-50 Years Over 50 Years  
5. When was the roof last replaced? 0-25 Years 26-50 Years Over 50 Years  
6. Value of Coverage A – Dwelling to be insured: \_\_\_\_\_  
7. Is Coverage B – Other Structures cover required? ~~Yes~~ No ..... 8. a. Value of Coverage B – Other Structures: \_\_\_\_\_  
8. Is Coverage C – Personal Property (ex-theft) cover required? ~~Yes~~ No ..... 9. a. Value of Coverage C – Personal Property (ex-theft): \_\_\_\_\_  
9. If available, is Coverage D – Fair Rental cover required? ~~Yes~~ No ..... 10. a. Value of Coverage D – Fair Rental: \_\_\_\_\_  
11. If available, is Coverage E – Additional Living Expenses cover required? Yes ~~No~~  
12. a. Value of Coverage E – Additional Living Expenses: \_\_\_\_\_  
13. Wind and Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$10,000  
14. All Other Perils Deductible per occurrence: ~~\$1,000~~ \$2,500 \$5,000 \$10,000  
15. Which type of quote do you require? DP1 DP3 ~~(DP1)~~ . Is there a wood stove on the premises? ~~Yes~~ No  
16. Would you like to buy coverage for the peril of Earthquake? (applicable for CA quotes only) ~~Yes~~ No  
17. Premises Liability: Yes No  
18. Premises Liability Limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000  
19. Medical Payments: ~~\$1,000~~ \$2,500 \$5,000 \$10,000  
20. Is dwelling situated on more than five acres? ~~Yes~~ No ..... 21. a. How many acres? 6-15 ~~6-15~~ 15-25 ~~15-25~~ 25+  
22. Please describe use of land: \_\_\_\_\_  
23. Do you want to buy coverage for the swimming pool liability? Yes ~~No~~ (24. a. Is it fenced and does it have a self locking gate? Yes ~~No~~)  
25. What limit would you like for swimming pool liability? \$25,000 \$50,000 \$100,000  
26. Have there been any insured or uninsured property or liability losses at the property to be insured since the applicant has owned the property? Yes ~~No~~

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: \_\_\_\_\_

**COVERAGE AND PROPERTY DETAILS (continued)**

( . Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts): \_\_\_\_\_

( ) . If required, please enter below details of Additional Insured: \_\_\_\_\_

**DECLARATION**

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature \_\_\_\_\_ Retail Broker's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_