



Agency Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Email Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Target premium: \$ \_\_\_\_\_

**Reason for Quote Request:**

- Non-renewal w/ current carrier
- No coverage
- Remarketing renewal
- Other: \_\_\_\_\_

**Insured Information:**

First Name: _____	Last Name: _____
Phone Number: _____	Email Address: _____
SSN: _____	Marital Status: _____
Date of Birth: _____	Gender: _____
Occupation: _____	Employer: _____
Highest Level of Education: _____	LLC Name (if applicable) _____

**Co- Applicant Information:**

First Name: _____	Last Name: _____
Phone Number: _____	Email Address: _____
SSN: _____	Marital Status: _____
Date of Birth: _____	Gender: _____
Occupation: _____	Employer: _____
Highest Level of Education: _____	Relationship to Insured: _____

**Dwelling Fire**

- Broad Form 1
- Broad Form 2
- Special Form 3

**Contents & Occupancy**

Contents Policy Form:

- Broad Form 1
- Broad Form 2
- No contents coverage

Occupancy:

- Owner or Owner & Tenant
- Tenant Only

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Dwelling Purchase Date: \_\_\_\_\_

**Coverages/ Limits of Liability:**

Coverage A- Dwelling	\$
Coverage B- Other Structures	\$
Coverage C- Personal Property	\$
Coverage D- Loss of Use/ Increased Fair Rental Value	\$
Coverage E- Personal Liability	\$
Coverage F- Medical Payments to Others	\$
All Perils Deductible	\$
Wind/ Hail Peril	\$/%

**Additional Coverages: (Please list any other coverages needed and preferred limit)**

Coverage	Limit/ Deductible

**Underwriting:**

Number of rental units owned by applicant (including this location): \_\_\_\_\_

Number of units at property to be insured: \_\_\_\_\_

Is the dwelling under construction or significant renovations?  Yes  No

Is the dwelling or any unit in the dwelling vacant (not occupied by tenants)?  Yes  No

Is the dwelling for sale?  Yes  No

Is there a swimming pool?  Yes  No

If so, is it fenced in?  Yes  No

Are horses and/ or livestock kept on premises?  Yes  No

Is there is a business on the premises?  Yes  No

If business is on premises, advise to the following:

Is the business incidental?  Yes  No

Number of Employees: \_\_\_\_\_

Type of business: \_\_\_\_\_

**Dwelling Information:**

Protection Class: \_\_\_\_\_

Year Originally Built: \_\_\_\_\_

Total Living Area: \_\_\_\_\_ sq ft

Number of Stories: \_\_\_\_\_

Personal Lines: Dwelling Fire Supplemental Form

**Dwelling Type:**

- Single Family Dwelling
- Duplex- Two family
- Triplex- Three Family
- Fourplex- Four Family

**Construction Style:**

- 2 Story
- Contemporary
- Colonial
- Ranch/ Rambler
- Cape Cod
- Bi-Level/ Raised Ranch
- Tri/ Split Level
- Manufactured Home
- Mobile Home
- Cottage
- Log Home
- Mediterranean
- Victorian
- Southwest Adobe
- Row/ Townhouse
- Queen Anne
- Ornate Victorian
- Row/ Townhouse End
- Craftsman/ Bungalow

**Construction Type:**

- Frame
- Masonry Veneer
- Masonry
- Other: \_\_\_\_\_

**Siding:**

- Aluminum Siding
- Cedar, Wood, Shingles
- Stucco
- Vinyl Siding/ Plastic
- Other: \_\_\_\_\_

**Roof Shape:**

- Gable
- Gambrel
- Hip
- Mansard
- Shed
- Other: \_\_\_\_\_

**Roof Covering Type:**

- Asphalt Shingle
- Metal
- Slate
- Tile
- Wood Shingles/ Shakes
- Other: \_\_\_\_\_

**Housekeeping Condition:**

- Excellent
- Very Good
- Good
- Average
- Below Average

Personal Lines: Dwelling Fire Supplemental Form

**Heating:**

- |   |  |   |   |                               |
|---|--|---|---|-------------------------------|
| <input type="checkbox"/> Gas, Average                   | <input type="checkbox"/> Gas, Hot Water  | <input type="checkbox"/> Freestand wood/pellet/coal stv | <input type="checkbox"/> Propane, Forced Air          | <input type="checkbox"/> None |
| <input type="checkbox"/> Gas, Forced Air                | <input type="checkbox"/> Oil, Forced Air | <input type="checkbox"/> In-Wall Furnace/Heater         | <input type="checkbox"/> Oil Hot Water with Radiators |                               |
| <input type="checkbox"/> Electric, Forced Air/Baseboard | <input type="checkbox"/> Oil, Hot Water  | <input type="checkbox"/> Wood Furnaces                  | <input type="checkbox"/> Propane, Hot Water           |                               |
| <input type="checkbox"/> Oil, Average                   | <input type="checkbox"/> Radiant Floor   | <input type="checkbox"/> Space Heaters                  | <input type="checkbox"/> Hot Water Baseboard          |                               |

**Air Conditioning:**

- |   |   |
|---|---|
| <input type="checkbox"/> Whole House Fan            | <input type="checkbox"/> Central AC, High Efficiency Separate Ducts |
| <input type="checkbox"/> Central AC, Same Ducts     | <input type="checkbox"/> Central AC, Multi- Zoned                   |
| <input type="checkbox"/> Electric/ Gas- Heat Pump   | <input type="checkbox"/> Central AC, High Efficiency, Same Ducts    |
| <input type="checkbox"/> Central AC, Separate Ducts | <input type="checkbox"/> Evaporative Cooler                         |
| <input type="checkbox"/> None                       |   |

**Foundation Type:**

- |  |  |
|--|--|
| <input type="checkbox"/> Basement          | <input type="checkbox"/> Piers/ Pilings/ Stilts  |
| <input type="checkbox"/> Crawl Space       | <input type="checkbox"/> Slab                    |
| <input type="checkbox"/> Daylight Basement | <input type="checkbox"/> Suspended Over Hillside |

If basement:

- |                                   |   |                                     |
|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Finished | <input type="checkbox"/> Partially Finished | <input type="checkbox"/> Unfinished |
|-----------------------------------|---|-------------------------------------|

Fire protection district: \_\_\_\_\_

Dwelling located in city, suburbs, or district: \_\_\_\_\_

Does the home have any fuses, knob-tubing wiring or aluminum wiring? Yes No

**Total Number of Baths:**

Full: \_\_\_\_\_ ¾: \_\_\_\_\_ ½: \_\_\_\_\_

Personal Lines: Dwelling Fire Supplemental Form

<b>Renovations:</b>	<b>Partial</b>	<b>Complete</b>	<b>Year</b>
Wiring	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heating	<input type="checkbox"/>	<input type="checkbox"/>	_____
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Protection Device Type:**

<b>System</b>	<b>Smoke</b>	<b>Burglar</b>
Local	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>
Central	<input type="checkbox"/>	<input type="checkbox"/>

**Sprinkler:**

Partial  Full  None

**Distance to:**

Fire Hydrant: \_\_\_\_\_ ft

Fire Station: \_\_\_\_\_ mi

Tidal Water: \_\_\_\_\_ mi

**Fire Station Type:**

Volunteer  Career  Combo

**Storm Shutters:**

Yes  No

**Prior Carrier & Claim Info:**

Carrier: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Number of property losses insured incurred in the last 5 years at any location which were solely and directly related to weather: \_\_\_\_\_

Number of all other property losses in the last 5 years: \_\_\_\_\_

Has property insurance been cancelled, declined or non-renewed in the last 5 years?  Yes  No

Any dog bite claims?  Yes  No

Personal Lines: Dwelling Fire Supplemental Form

If yes, please provide date: \_\_\_\_\_

**Additional Interest:**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Additional Insured    | <input type="checkbox"/> Loss Payee |
| <input type="checkbox"/> Lender's Loss Payable | <input type="checkbox"/> Mortgagee  |
| <input type="checkbox"/> Lienholder            | <input type="checkbox"/> Trustee    |

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Loan #: \_\_\_\_\_

**Additional Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For possible discounts, please choose any options listed in each column below if it applies to this location:

*(This section is optional)*

<u>Security:</u>	<u>Detectors/ Monitors/ Protectors:</u>	<u>Sprinklers:</u>	<u>Water Leak Protection: (Choose one of the following if applicable):</u>
<input type="checkbox"/> Gated Community	<input type="checkbox"/> Gas Leakage Detector	<input type="checkbox"/> Residential Sprinkler System	<input type="checkbox"/> None
<input type="checkbox"/> Gated Community Patrol Service	<input type="checkbox"/> Lightning Protection	<input type="checkbox"/> Sprinkler Water flow Alarm	<input type="checkbox"/> Alarm
<input type="checkbox"/> 24 Hour Guard/ Security Monitoring	<input type="checkbox"/> Temperature Monitor		<input type="checkbox"/> Automatic Shut-Off
<input type="checkbox"/> Gated House	<input type="checkbox"/> Permanently Installed Back-up Generator		<input type="checkbox"/> Automatic Shut-Off and Alarm
<input type="checkbox"/> Full- time Caretaker	<input type="checkbox"/> Seismic Shut Off Valve		

**Wind Mitigation Features:**

**(Please select all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Roof Covering              | <input type="checkbox"/> Roof Shape Hip          |
| <input type="checkbox"/> Secondary Water Resistance | <input type="checkbox"/> Roof Shape Gable Braced |
| <input type="checkbox"/> Roof Deck Attachment       |  |
| <input type="checkbox"/> Roof-to-wall Connection    |  |

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.

**Date:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_  
**Signature of Producer:** \_\_\_\_\_