



Agency Name: _____
Agent Name: _____
Agent Email Address: _____

Effective Date: _____
Target premium: \$ _____

Requested Line of Business:

- Homeowners
 - Primary
 - Secondary
 - Seasonal

If secondary, is it rented to others? Yes No
If rented to others: Long Term (6+ months) Short Term (Less than 6 months)

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: _____

Mailing Address: _____

Location Address: _____

Dwelling Purchase Date: _____

Personal Lines: Homeowners Supplemental Form

Coverages/ Limits of Liability:

Coverage A- Dwelling	\$
Coverage B- Other Structures	\$
Coverage C- Personal Property	\$
Coverage D- Loss of Use	\$
Coverage E- Personal Liability	\$
Coverage F- Medical Payments to Others	\$
All Perils Deductible	\$
Wind/ Hail Peril	\$/%
Extended Dwelling Coverage	%
Sewer & Water Back-Up	\$

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

Coverage	Limit/ Deductible

Underwriting:

Is the home under construction? 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: _____

Will the residence be rented to others on a short-term basis? 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

Dwelling Information:

Protection Class: _____

Year Originally Built: _____

Total Living Area: _____ sq ft

Number of Stories: _____

Personal Lines: Homeowners 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

Heating:

- Gas, Average
- Gas, Hot Water
- Freestand wood/pellet/ coal stv
- Propane, Forced Air
- None
- Gas, Forced Air
- Oil, Forced Air
- In-Wall Furnace/ Heater
- Oil Hot Water with Radiators
- Electric, Forced Air/ Baseboard
- Oil, Hot Water
- Wood Furnaces
- Propane, Hot Water

Personal Lines: Homeowners Supplemental Form

- Oil, Average
- Radiant Floor
- Space Heaters
- Hot Water Baseboard

Air Conditioning:

- Whole House Fan
- Central AC, Same Ducts
- Electric/ Gas- Heat Pump
- Central AC, Separate Ducts
- None
- Central AC, High Efficiency Separate Ducts
- Central AC, Multi- Zoned
- Central AC, High Efficiency, Same Ducts
- Evaporative Cooler

Foundation Type:

- Basement
- Crawl Space
- Daylight Basement
- Piers/ Pilings/ Stilts
- Slab
- Suspended Over Hillside

If basement:

- Finished
- Partially Finished
- Unfinished

Total Number of Baths:

Full: _____ ¾: _____ ½: _____

Renovations:	Partial	Complete	Year
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:

System	Smoke	Burglar
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

Personal Lines: Homeowners Supplemental Form

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

If yes, please provide date: _____

Additional Interest:

Additional Insured Loss Payee
 Lender's Loss Payable Mortgagee
 Lienholder 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)

Personal Lines: Homeowners Supplemental Form

<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"/> Lightening 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: _____