

CONTACT INFORMATION	
Name:	Name of Co-applicant:
Mailing Address:	City/State:
County:	Zip:
Home Phone:	Business Phone Number:
Email address:	

INSURED LOCATION ADDRESS	
Address:	City/State:
County:	Zip:
How Many Years at this location?	
Previous Address:	

PERSONAL INFORMATION	
Insured:	Co-Applicant:
Name:	Name:
Marital Status:	Relation to insured:
Gender: Date Of Birth:	Gender: Date Of Birth:
Social Security #:	Social Security #:
Occupation:	Occupation:
Highest Level of Education:	Highest Level of Education:

HOME UNDERWRITING
Mortgagee?
Is the home under construction?
Was this property purchased as a foreclosure or short sale in the past 12 months?
Is Dwelling For Sale?
Is there a business on the premises?
Is there a swimming pool?
Is there a dog on the premises?
Do you or any household member own any animal that is vicious or has previously bitten or injured?
Is there a woodburning stove on the premises?
Is there a solid fuel appliance (wood, coal or pellet) on premises?
Are horses and/or livestock kept on the premises?
Is there a trampoline or skateboard ramp on the premises?
Is residence exclusively held for rental?
Is dwelling owner unoccupied for more than 8 consecutive weeks?
Current or most recent property insurance carrier?
Prior Effective Date
Prior Expiration Date
Has property insurance lapsed or been cancelled, declined or non-renewed in the last 5 years?
Any losses incurred in the last 5 years to the insured's home or personal possessions at this or another location?
Is this a secondary dwelling?
of People Employed Full Time (Gardener, Housekeeper, Nanny, etc.)?
Inside City Limits?

LOCATION INFORMATION

Year the Home was Built?

Purchase date?

Total Living square footage?

If home is older than 15 yrs: have there been any updates to wiring, roofing, plumbing, HVAC?

Central station monitored burglar alarm?

Fire alarm?

Sprinklers?

Number of bedrooms?

Number of bathrooms?

LOCATION COVERAGE

How much coverage on the dwelling?

Any special coverage needed for jewelry, silverware, guns, furs, etc?

LOSSES/CLAIMS

Cause of Loss #1:

Date of Loss:

Amount of Loss:

Cause of Loss #2:

Date of Loss:

Amount of Loss:

Cause of Loss #3:

Date of Loss:

Amount of Loss: