

<b>Dwelling Liability Application</b>	
If quoted by Myron F. Steves: Underwriter _____ Quote #:	
If quoted in agent's office: Premium quoted _____ Bound coverage by: Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/>	
Applicant's Name _____ SSN _____	
Mailing Address _____ # _____	
City _____ County _____ State _____ Zip (Required) _____	
<b>Proposed Effective Date:</b> From _____ To _____ 12:01 a.m. Standard time at the address of the applicant.	
<b>Limit of Liability Requested:</b> \$ _____	
<b>Location #1</b>	
Address _____ # _____	
City _____ County _____ State _____ Zip (Required) _____	
<input type="checkbox"/> 1&2 Family <input type="checkbox"/> 3 Family <input type="checkbox"/> 4 Family    Year built _____ <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant <input type="checkbox"/> Renovation <input type="checkbox"/> Builder's risk <input type="checkbox"/> Other	
<b>Mark if there are additional locations</b> <input type="checkbox"/> (Attach a schedule with all above information)	
<b>Please answer ALL questions:</b>	
1) Swimming pool ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	4) Property well maintained ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Diving board or slide ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	5) Trip and fall hazard ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Fenced and self-locking gate ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	6) Steps have secured handrails ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Smoke detector ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	7) Day care on premises ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Trampolines ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	8) Any business on premises ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE: Animal Liability Coverage Excluded</b>	9) Applicant's occupation _____
10) Applicants' hobbies: _____	
11) If under renovation or builder's risk, who is the contractor? (Provide certificate of insurance) _____	
12) Adjacent structure, other than garage? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what is it used for? _____	
13) Acreage? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what is it used for? _____	
14) Any losses in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15) Has any company cancelled non-renewed or refused coverage to applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16) Explain any yes answers _____ _____ _____	
<b>Prior carrier:</b> _____ <b>policy #</b> _____	
<b>(Include photo of premises with application)</b>	
50% Minimum Earned Premium	Agency _____
Applicant's Signature _____ Date _____	Myron F. Steves Agent No. _____
Producer's Signature _____ Date _____	Agency contact _____
	Phone _____
	Fax _____
<b>IMPORTANT NOTICE</b>	
As a part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.	