

## Dwelling Fire Application

Company: Certain Underwriters at Lloyds  Scottsdale  Essex  National Security  Other \_\_\_\_\_  
 Inception date: \_\_\_\_\_ Term: Annual  6 months  3 months  New Business  Renewal/Rewrite   
 Underwriter: \_\_\_\_\_ Quote #: \_\_\_\_\_

### Insured Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Territory#: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Addition: \_\_\_\_\_  
 SSN: His \_\_\_\_\_ DOB \_\_\_\_\_

### Agent Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Agency Contact: \_\_\_\_\_  
 MFS Customer #: \_\_\_\_\_  
 Ph. #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Hers \_\_\_\_\_ DOB \_\_\_\_\_

### Coverage and Limits of Policy:

<b>Limits:</b>	<b>Check Coverage Quoted:</b>	<b>Premium Quoted:</b>
Dwelling Amount: _____	<input type="checkbox"/> Form 1 VMM	Premium: _____
Contents Amount: _____	<input type="checkbox"/> Form 2	Policy Fee: _____
Other (Specify Coverage): _____	<input type="checkbox"/> Form 3	Tax: _____
_____	<input type="checkbox"/> Liability -- Limit (\$100,000 max)	Stamping Fee: _____
Other (Specify Coverage) _____	<input type="checkbox"/> Other (Specify) _____	Total Premium: _____
_____ Deductible.		Who Quoted Premium: _____
		Myron Steves <input type="checkbox"/> Agent <input type="checkbox"/>

**Certain exclusions and/or limitations may apply. Refer to your quote and/or policy.**

### Premise Information:

**Occupancy:**  1-2 Family Dwelling  3-4 Family Dwelling  Primary Owner  Secondary Owner # of Acres: \_\_\_\_\_  
 Tenant  Seasonal  Vacant, If Vacant: How long: \_\_\_\_\_ Reason: \_\_\_\_\_ (Plans to Sell/Lease/etc.)  
**Construction:**  Brick Veneer  FRAME  ASB/STUCCO/HARDY PLANK  Others: \_\_\_\_\_ Roof Type: \_\_\_\_\_  
**Additional Information:** Sq. Ft. \_\_\_\_\_ Year Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Roof Replacement Year: \_\_\_\_\_  
 If over 30 years: Year of Plumbing Update \_\_\_\_\_ Wiring Update \_\_\_\_\_ Type of Heating / AC \_\_\_\_\_  
**Type of Foundation:**  Slab  Stilts  Blocks Elevation if in first tire: \_\_\_\_\_  
**Protection:** PPC: \_\_\_\_\_ Inside City: Yes  No  if no, distance to: Fire Station \_\_\_\_\_ Hydrant \_\_\_\_\_  
 Responsible fire dept.: \_\_\_\_\_ Business on premises: Yes  No  Explain: \_\_\_\_\_  
 Is there a woodburning stove or fireplace: Yes  No  Is property under contract/sale: Yes  No  To whom: \_\_\_\_\_  
 Animals on Premises: Yes  No  If so, What Type: \_\_\_\_\_ If Dog, What Breed/Mix: \_\_\_\_\_  
 (We cannot accept Mixed, Mutt or Heinz 57 for breed. If unable to describe, provide a photo.)  
 Filed for Bankruptcy in the last 3 yrs: Yes  No  If yes, explain: \_\_\_\_\_

### First mortgage Information: (Second Mortgage: Yes No If yes, Attach info.)

Loan #: \_\_\_\_\_ Names: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Does the insured have full legal title to the land for which the home sits on: Yes  No

### Prior Carrier and loss information:

Previous Carrier: \_\_\_\_\_ Expires: \_\_\_\_\_ New Purchase: Yes  No  If yes, Date of Purchase: \_\_\_\_\_  
 List any losses in the last 3 years and if open or closed: \_\_\_\_\_

Non-renewing: Yes  No  Why: \_\_\_\_\_  
 If no prior coverage, explain why not: \_\_\_\_\_  
 Insured Signature \_\_\_\_\_ Date: \_\_\_\_\_ Producer Signature \_\_\_\_\_ Date: \_\_\_\_\_

**AGENT DOES NOT HAVE BINDING AUTHORITY**