

Homeowner Application		
Quoted by: _____ Quote #: _____ Premium quoted: _____		
Bond coverage by: Phone <input type="checkbox"/> , With: _____ Fax <input type="checkbox"/> or Mail <input type="checkbox"/>		
Company: Certain Underwriters at Lloyds <input type="checkbox"/> Scottsdale <input type="checkbox"/> Other: _____		
Policy period: _____ New business <input type="checkbox"/> or Renewal/Rewrite of _____		
Insured information:	Agent Information	
Name: _____	Name: _____	
Mailing address: _____	Address: _____	
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	
Insured Property Address: _____	Agency contact: _____	
City: _____ State: _____ Zip: _____	MFS Producer #: _____	
County: _____ Territory #: _____	Phone #: _____	
Lot: _____ Block: _____	Fax #: _____	
Addition: _____		
Applicant's D.O.B.: _____ SSN: His: _____ Her: _____		
Occupation: _____		
First Mortgagee Information:	Second Mortgagee Information:	
Loan #: _____	Loan #: _____	
Names: _____	Names: _____	
Address: _____	Address: _____	
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	
Limits of Policy:		
Coverage A: Dwelling _____	Deductible #1:	Deductible #2:
Other Structures: _____	<input type="checkbox"/> 1% (min \$500)	<input type="checkbox"/> 1% (min \$500)
Coverage B: Contents _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Coverage C: Liability _____		
Coverage D: Med Pay _____		
Personal property off premise \$1000 maximum		
Coverages: (Please check endorsements below and fill in needed information)		
Homeowners: Form A <input type="checkbox"/> Form B <input type="checkbox"/> Form C <input type="checkbox"/>	Policy EXCLUDES Trampoline, Animal Liability, Mold, Accidental Discharge of Water Loss (Unless Purchased)	
<input type="checkbox"/> HO-101 Replacement Cost for Personal Prop.	<input type="checkbox"/> HO-225 Additional Premises Liability <input type="checkbox"/> Med Pay	
<input type="checkbox"/> HO-105 Residence Glass Coverage	(Max 4 Location-List full address) No Business Pursuits	
<input type="checkbox"/> HO-110 Increased Limit on J/W/F: \$ _____	Loc #1 _____	
<input type="checkbox"/> HO-112 Increased Limit on M/BC: \$ _____	Loc #2 _____	
<input type="checkbox"/> HO-126 Personal Computer: \$ _____	Loc #3 _____	
<input type="checkbox"/> Accidental Discharge of Water: \$ _____	Loc #4 _____	
<input type="checkbox"/> HO-140 Windstorm/Hurricane/Hail Exclusion/UL-4. (If secondary, loss of use excluded)	<input type="checkbox"/> HO-301 Add'l Insured: <input type="checkbox"/> Occupant <input type="checkbox"/> Non-Occupant	
	Name: _____	
	Address: _____	
	Relationship: _____ Sec II Liab? _____	
	(May not be available)	
Note to agent: PLEASE FAX COMPLETED 2 PAGE APP TO SECURE COVERAGE		
AGENT DOES NOT HAVE BINDING AUTHORITY		

Premise Information:

Type of Construction:

- Brick, Stone, or Masonry
- Brick Veneer
- Asbestos/Stucco/Hardy Plank
- Frame
- Other(Specify): _____

Protection:

- PPC
- Inside City Limit? Yes No
- If no, distance to hydrant: _____
- Distance to fire station: _____
- Responding Fire Dept.: _____
- # of Acres: _____

Security:

- | | | | |
|----------------|--------------------------|--------------------------|--------------------------|
| | Burglar | Fire | Comb |
| No Alarm: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Central Alarm: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- A copy of the alarm certificate showing functions must be attached for a credit to apply.

- Year dwelling built: _____
- Sq. feet of dwelling: _____
- Type of roof: _____
- # of stories: _____
- Type of foundation: _____
- Concrete Slab
- Pier & Beam(Blocks)
- Stilts Skirted? Yes No

Update Information:

- *(Required on homes over 30 yrs.)
- *Yr. wiring updated: _____
- *Yr. plumbing updated: _____
- **Year roof replaced: _____
- ***(Must have been updated within 15 yrs.)

Occupancy:

- Primary
- Seasonal/secondary
- Relative resident:
(Specify) _____

- Filed for bankruptcy in the last three years? Yes No If yes, explain: _____
- Declined by any other carrier for credit score? Yes No
- Animals on Premises: Yes No If so, What Type: _____ If Dog, Breed/Mix: _____
(We cannot accept Mixed, Mutt or Heinz 57 for breed. If unable to describe, provide a photo.)
- Swimming pool on premises? Yes No. If so, is pool fenced? Yes No
- Any swimming pool related liability claim limited to \$25,000 including defense cost. (Trampoline excluded from liability)
- List other structures on premise: _____
- Any business conducted on premise? Yes No If yes, explain: _____
- # of sq. feet: _____ Customer on premises: Yes No. If yes, must provide copy of GL policy in force.
- Any child care/day care activity? Yes No If yes, explain: _____
- # of Children: _____ Commercial General Liab Policy #: _____

Remarks:

Prior Carrier and Loss Information:

- New purchase: Yes No. If yes, date of purchase: _____
 - If no, previous carrier: _____ Expires: _____
 - Non-renewing? Yes No. Reason: _____
- | Date | Description of loss | Amount of loss | Open / Closed |
|-------|---------------------|----------------|---|
| _____ | _____ | _____ | <input type="checkbox"/> <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> <input type="checkbox"/> |

- Preventative Measures taken to eliminate future losses? Yes No. Explain: _____
- NOTE TO AGENTS:**
No binding or quoting authority. PLEASE FAX APPLICATION FOR BINDING and follow up with original signed application, and net premium (if application) within 7 days. If application is mailed prior to binding, coverage will be secured day after postmark! Any incomplete application received will jeopardize binding coverage.

Producer's Signature _____ Date _____

Insured's Signature(mandatory) _____ Date _____