

**Dwelling**

**APPLICATION**

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_ Policy Term: One Year From \_\_\_\_\_ To \_\_\_\_\_  
 Applicant's Occupation \_\_\_\_\_ Co-Applicant's Occupation \_\_\_\_\_  
 Location of property if different from mailing address (must include county and zip code):  
 Property Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

**Section I Coverage Amounts**

A - Dwelling	B - Other Structures	C - Personal Property	D - Fair Rental value	E - Add'l Living Expense	L - Liability	M - Medical Payments

**Protection Class** \_\_\_\_\_ **Territory** \_\_\_\_\_  
 Construction Type:  Frame  Masonry  Masonry Veneer  
 Occupancy:  Owner  Tenant  Vacant  Under Construction  Under Renovation  
 Coverage Form:  DP-1 Basic Perils Only  DP-1 EC VMM  DP-3 (Special Form)

Year Built	# of Families	# of Roomers or Boarders	Market Value	Replacement Cost	Foundation Type	Roof Type	Primary Heat Source

Year of Updates \_\_\_\_\_ Wiring: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_

**Please answer all questions. Any question left unanswered will void coverage.**

- |                                                                                                                                                                                                                                                         | SUBMIT TO COMPANY        | ELIGIBLE                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                                                                         | YES                      | NO                       |
| 1. Does the dwelling have more than four (4) dwelling units or more than five (5) roomers or boarders? .....                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have there been any losses in the last 5 years? (If YES, please complete loss history section below) .....                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the residence located within one-half (1/2) mile of coastal waters? .....                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the residence located within five (5) miles of coastal waters? .....                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there any vacant or unoccupied buildings next to the applicant's residence? .....                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the risk located more than five (5) road miles from the nearest fire department? .....                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there a business of any kind being conducted on the premises? .....                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| (If YES, please explain) _____ Store front? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                    |                          |                          |
| 8. Does the electrical system utilize fuses? (must be on circuit breakers with at least 100 amp service) .....                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are there any free standing fireplaces, fireplace inserts, wood burning or coal stoves? .....                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the primary source of heat other than central heating? .....                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Smoke detectors (must be on each floor of living space including the basement) missing or defective? .....                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is there a swimming pool on the premises? .....                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, is the pool completely fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No Waterslide? <input type="checkbox"/> Yes <input type="checkbox"/> No Diving board over 4 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                          |
| 13. Does the applicant have any animals or exotic pets? (If YES, please state type and breed) .....                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a trampoline on the premises? .....                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Central station fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                |                          |                          |
| 16. Does the applicant operate an in-home daycare? .....                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does the applicant engage in any type of farming or ranching operation? .....                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is the residence a single family owner occupied dwelling .....                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |

**Loss History:**  
 Date: \_\_\_\_\_ Type: \_\_\_\_\_ Description: \_\_\_\_\_ Amount: \_\_\_\_\_

**Additional Insured Interest (circle one)** Name Address  
 Mortgage or Additional Insured \_\_\_\_\_  
 Mortgage or Additional Insured \_\_\_\_\_

**Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Agent or Broker.

Name of Authorized Agent or Broker: \_\_\_\_\_  
 Address: \_\_\_\_\_

Mail Completed Application through Local Agent or Broker to: