



DWELLING APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS

1. Do you have more than one Dwelling location to insure? Yes No

2. In which state is the property to be insured: _____

3. Has the applicant had any application of property insurance refused, cancelled or non-renewed in the past 3 (three) years? (other than vacancy) Yes No

If the answer above is Yes, were they for any of the following reasons only:

- | | | |
|--|-----|----|
| - Insurer no longer writing class of business? | Yes | No |
| - Insurer no longer writing class of business in territory? | Yes | No |
| - Risk no longer qualifying for an Admitted Carrier program? | | |
| - Loss History? | | |

4. Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud?

5. Have there been more than three (3) losses, claims or circumstances, OR one (1) loss, claim or circumstance exceeding \$25,000, at the property to be insured or any other property owned/rented by applicant in the past three (3) years, excluding natural catastrophe events? Yes No

6. Is there an open or unresolved loss, claim or circumstance involving the property to be insured?

7. Has the applicant had more than two water damage claims in the past five years? Yes No

8. Does the property have any galvanized plumbing pipes? Yes No

9. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?

10. Is there any existing structural damage to building(s) to be insured?

11. Is the property to be insured subject to more than two (2) mortgages or other encumbrances, OR one (1) mortgage provided by an individual or entity other than a financial institution?

12. Is the property attached to, occupied as, or converted from a commercial building?

13. Is the property to be insured a Rooming House, Boarding House or used for Student Housing?

14. Is the property to be insured located in a landslide area, forest fire area, or brush fire area with less than 200 feet of brush clearance?

15. Has the property to be insured either been condemned or scheduled for demolition? Yes No

16. Are there any evictions taking place or scheduled to take place at the property to be insured?

17. Is the property to be insured recognized as a historical property/building or listed on the National Register of Historic Places?

18. Is there wood shake roofing on any of the property to be insured?

19. Does the property have any knob & tube aluminum wiring or is on fuses?

20. Does any wiring at the property have less than 100amp circuit breakers?

21. Are kerosene, paraffin, or portable space heaters used?

22. Is the property situated on more than 25 acres?

23. Is there a wood stove on the premises? Yes No

24. Is the wood-stove the primary source of heat? Yes No

25. Is the property an earth home, dome home, open pier or stilt home? Yes No

26. Is the property farm, hobby farm or any non-conventional dwelling? Yes No

27. Is the structure a manufactured home? Yes No

28. Is the manufactured home on a permanent foundation or secured to the ground with approved tie downs and anchors, and does the manufactured home have permanent skirting? Yes No

29. Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect? Yes No

30. Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed \$150,000; or (ii) involve structural repairs being performed by any person? Yes No

31. Is the property a Condo Association? Yes No

GENERAL DETAILS

Name and Mailing Address of Applicant: _____

_____ State _____ Zip code _____

Telephone _____ Email _____

Address of Property to be Insured: _____

_____ State _____ Zip code _____

Name and Address of Retail Broker: _____

_____ State _____ Zip code _____

CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS**32.** What type of cover would you like: _____ **33.** Protection Class: _____**34.** Please select Type of Occupancy: Owner Only Tenant Only Owner and Tenant(s) Seasonal and/or Secondary
Short Term and/or Vacation Rental**35.** Please confirm all rentals are of minimum two nights with a security deposit and written rental argument in place and signed by all owners and tenants? **(Applicable for Short Term and/or Vacation Rental quotes only)** Yes No**36.** Please select Type of Dwelling: One Family Two Family Three Family Four Family Five or More**37.** Is Condominium Unit Owners Coverage required? Yes No**38.** Total square footage of building to be insured: _____**39.** Construction Type:

Frame Joisted Masonry Masonry Non Combustible Non Combustible Modified Fire Resistive Fire Resistive Other

40. Year Built: _____ **41.** Age of Building to be covered: 0-40 Years 41-50 Years Over 50 Years**42.** Age of building based on year built. Amend if full electrical and plumbing upgrade has occurred? 0-40 Years 41-50 Years Over 50 Years**43.** When was the roof last replaced? 0-10 Years 11-35 Years Over 36 Years**44.** Would you like to apply a roof exclusion? Yes No **44a.** Would you like to apply a cosmetic roof exclusion? Yes No**44b.** Basis of Loss Settlement for Roof: ACV RCV **45.** Value of Coverage A- Dwelling to be insured: _____**46.** Is Coverage B – Other Structures cover required? Yes No **46a.** Value of Coverage B – Other Structures: _____**47.** Is Coverage C – Personal Property cover required? Yes No **47a.** Value of Coverage C – Personal Property: _____**48.** Do you need Personal Property Theft Coverage? Yes No**48a.** Please select Personal Property Theft Coverage sublimit option: \$10,000 \$15,000 \$25,000**48b.** Please select Personal Property Theft Coverage Deductible: \$2,500**49.** If available, is Coverage D – Fair Rental cover required? Yes No **49a.** Value of Fair Rental: _____**50.** If available, is Coverage E – Additional Living Expenses cover required? Yes No**51.** Value of Coverage E – Additional Living Expenses: _____**52.** Is RT house undergoing renovation while insurance is in effect Yes No**53.** Basis of Loss Settlement ACV RCV**54.** Would you like to apply a Vandalism & Malicious Mischief Exclusion? Yes No

COVERAGE AND PROPERTY DETAILS (continued)

54a. Please select Vandalism & Malicious Mischief sub-limit option

| | | | | |
|------------|---------|----------|----------|----------|
| Full Limit | \$5,000 | \$10,000 | \$15,000 | \$25,000 |
|------------|---------|----------|----------|----------|

54b. Please select Vandalism & Malicious Mischief Deductible:

| | | | | | |
|---------|---------|---------|----------|----------|----------|
| \$1,000 | \$2,500 | \$5,000 | \$10,000 | \$15,000 | \$25,000 |
|---------|---------|---------|----------|----------|----------|

55. Would you like to apply a Coverage A Theft Exclusion? Yes No

55a. Please select a Coverage A Theft sub limit option

| | | | | |
|------------|---------|----------|----------|----------|
| Full Limit | \$5,000 | \$10,000 | \$15,000 | \$25,000 |
|------------|---------|----------|----------|----------|

55b. Please select a Coverage A Theft Deductible:

| | | | | | |
|---------|---------|---------|----------|----------|----------|
| \$1,000 | \$2,500 | \$5,000 | \$10,000 | \$15,000 | \$25,000 |
|---------|---------|---------|----------|----------|----------|

56. Would you like to apply a Water Damage Exclusion? Yes No

56a. Please select a Water Damage sub limit option:

| | | | | |
|------------|---------|----------|----------|----------|
| Full Limit | \$5,000 | \$10,000 | \$15,000 | \$25,000 |
|------------|---------|----------|----------|----------|

56b. Please select a Water Damage Deductible

| | | | | | |
|---------|---------|---------|----------|----------|----------|
| \$1,000 | \$2,500 | \$5,000 | \$10,000 | \$15,000 | \$25,000 |
|---------|---------|---------|----------|----------|----------|

57. Would you like to apply a Mold exclusion? Yes No

57a. Please select a Mold Coverage sub limit option

| | |
|---------|----------|
| \$5,000 | \$10,000 |
|---------|----------|

57b. Please select a Mold Coverage Deductible \$1,000

58. Wind and Hail Deductible per occurrence:

| | | | |
|---------|---------|---------|----------|
| \$1,000 | \$2,500 | \$5,000 | \$10,000 |
|---------|---------|---------|----------|

59. All Other Perils Deductible per occurrence:

| | | | |
|---------|---------|---------|----------|
| \$1,000 | \$2,500 | \$5,000 | \$10,000 |
|---------|---------|---------|----------|

60. Which type of quote do you require? DP1 DP3

61. Is there a wood stove on the premises? Yes No

62. Would you like to buy coverage for the peril of Earthquake? (applicable for CA quotes only) Yes No

63. Premises Liability: Yes No

64. Premises Liability Limits:

| | | | | | |
|----------|----------|-----------|-----------|-----------|-------------|
| \$25,000 | \$50,000 | \$100,000 | \$300,000 | \$500,000 | \$1,000,000 |
|----------|----------|-----------|-----------|-----------|-------------|

65. Is dwelling situated on more than five acres? Yes No

65a. How many acres? 6-15 16-25 25+

65b. Please describe use of land: _____

66. Do you want to buy coverage for the swimming pool liability? Yes No

66a. Is it fenced and does it have a self locking gate? Yes No

66b. What limit would you like for swimming pool liability? \$25,000 \$50,000 \$100,000

67. Estimation Renovation or Construction Work Project Costs:

68. Description of Renovation or Construction Work: _____

COVERAGE AND PROPERTY DETAILS (continued)

69. Is Work being undertaken by a Contractor? Yes No

70. What CGL Limit carried by the Contractor? \$300,000 \$500,000 \$1,000,000

71. Have there been any insured or uninsured property or liability losses at the property to be insured since the applicant has owned the property? Yes No

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: _____

72. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts): _____

73. If required, please enter below details of Additional Insured: _____

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____

Date _____

Retail Broker's Signature _____

Date _____