



Agency Name: _____

Agent Name: _____

Agent Email Address: _____

Effective Date: _____

Target premium: \$ _____

Reason for Quote Request:

- Non-renewal w/ current carrier
- No coverage
- Remarketing renewal
- Other: _____

Insured Information:

First Name: _____	Last Name: _____
Phone Number: _____	Email Address: _____
SSN: _____	Marital Status: _____
Date of Birth: _____	Gender: _____
Occupation: _____	Employer: _____
Highest Level of Education: _____	LLC Name (if applicable) _____

Co- Applicant Information:

First Name: _____	Last Name: _____
Phone Number: _____	Email Address: _____
SSN: _____	Marital Status: _____
Date of Birth: _____	Gender: _____
Occupation: _____	Employer: _____
Highest Level of Education: _____	Relationship to Insured: _____

Dwelling Fire

- Broad Form 1
- Broad Form 2
- Special Form 3

Contents & Occupancy

Contents Policy Form:

- Broad Form 1
- Broad Form 2
- No contents coverage

Occupancy:

- Owner or Owner & Tenant
- Tenant Only

Mailing Address: _____

Location Address: _____

Dwelling Purchase Date: _____

Coverages/ Limits of Liability:

Coverage A- Dwelling	\$
Coverage B- Other Structures	\$
Coverage C- Personal Property	\$
Coverage D- Loss of Use/ Increased Fair Rental Value	\$
Coverage E- Personal Liability	\$
Coverage F- Medical Payments to Others	\$
All Perils Deductible	\$
Wind/ Hail Peril	\$/%

Additional Coverages: (Please list any other coverages needed and preferred limit)

Coverage	Limit/ Deductible

Underwriting:

Number of rental units owned by applicant (including this location): _____

Number of units at property to be insured: _____

Is the dwelling under construction or significant renovations? Yes No

Is the dwelling or any unit in the dwelling vacant (not occupied by tenants)? Yes No

Is the dwelling for sale? Yes No

Is there a swimming pool? Yes No

If so, is it fenced in? Yes No

Are horses and/ or livestock kept on premises? Yes No

Is there is a business on the premises? Yes No

If business is on premises, advise to the following:

Is the business incidental? Yes No

Number of Employees: _____

Type of business: _____

Is there a trampoline on the property? Yes No

If yes, does the trampoline have a safety net? Yes No

Dwelling Information:

Protection Class: _____

Year Originally Built: _____

Total Living Area: _____ sq ft

Number of Stories: _____

Personal Lines: Dwelling Fire Supplemental Form

Dwelling Type:

- Single Family Dwelling
- Duplex- Two family
- Triplex- Three Family
- Fourplex- Four Family

Construction Style:

- 2 Story
- Contemporary
- Colonial
- Ranch/ Rambler
- Cape Cod
- Bi-Level/ Raised Ranch
- Tri/ Split Level
- Manufactured Home
- Mobile Home
- Cottage
- Log Home
- Mediterranean
- Victorian
- Southwest Adobe
- Row/ Townhouse
- Queen Anne
- Ornate Victorian
- Row/ Townhouse End
- Craftsman/ Bungalow

Construction Type:

- Frame
- Masonry Veneer
- Masonry
- Other: _____

Siding:

- Aluminum Siding
- Cedar, Wood, Shingles
- Stucco
- Vinyl Siding/ Plastic
- Other: _____

Roof Shape:

- Gable
- Gambrel
- Hip
- Mansard
- Shed
- Other: _____

Roof Covering Type:

- Asphalt Shingle
- Metal
- Slate
- Tile
- Wood Shingles/ Shakes
- Other: _____

Housekeeping Condition:

- Excellent
- Very Good
- Good
- Average
- Below Average

Personal Lines: Dwelling Fire Supplemental Form

Heating:

- | | | | | |
|---|--|---|---|-------------------------------|
| <input type="checkbox"/> Gas, Average | <input type="checkbox"/> Gas, Hot Water | <input type="checkbox"/> Freestand wood/pellet/coal stv | <input type="checkbox"/> Propane, Forced Air | <input type="checkbox"/> None |
| <input type="checkbox"/> Gas, Forced Air | <input type="checkbox"/> Oil, Forced Air | <input type="checkbox"/> In-Wall Furnace/Heater | <input type="checkbox"/> Oil Hot Water with Radiators | |
| <input type="checkbox"/> Electric, Forced Air/Baseboard | <input type="checkbox"/> Oil, Hot Water | <input type="checkbox"/> Wood Furnaces | <input type="checkbox"/> Propane, Hot Water | |
| <input type="checkbox"/> Oil, Average | <input type="checkbox"/> Radiant Floor | <input type="checkbox"/> Space Heaters | <input type="checkbox"/> Hot Water Baseboard | |

Air Conditioning:

- | | |
|---|---|
| <input type="checkbox"/> Whole House Fan | <input type="checkbox"/> Central AC, High Efficiency Separate Ducts |
| <input type="checkbox"/> Central AC, Same Ducts | <input type="checkbox"/> Central AC, Multi- Zoned |
| <input type="checkbox"/> Electric/ Gas- Heat Pump | <input type="checkbox"/> Central AC, High Efficiency, Same Ducts |
| <input type="checkbox"/> Central AC, Separate Ducts | <input type="checkbox"/> Evaporative Cooler |
| <input type="checkbox"/> None | |

Foundation Type:

- | | |
|--|--|
| <input type="checkbox"/> Basement | <input type="checkbox"/> Piers/ Pilings/ Stilts |
| <input type="checkbox"/> Crawl Space | <input type="checkbox"/> Slab |
| <input type="checkbox"/> Daylight Basement | <input type="checkbox"/> Suspended Over Hillside |

If basement:

- | | | |
|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Finished | <input type="checkbox"/> Partially Finished | <input type="checkbox"/> Unfinished |
|-----------------------------------|---|-------------------------------------|

Fire protection district: _____

Dwelling located in city, suburbs, or district: _____

Does the home have any fuses, knob-tubing wiring or aluminum wiring? Yes No

Total Number of Baths:

Full: _____ ¾: _____ ½: _____

Personal Lines: Dwelling Fire Supplemental Form

Renovations:	Partial	Complete	Year
Wiring	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heating	<input type="checkbox"/>	<input type="checkbox"/>	_____
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	_____

Protection Device Type:

System	Smoke	Burglar
Local	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>
Central	<input type="checkbox"/>	<input type="checkbox"/>

Sprinkler:

Partial Full None

Distance to:

Fire Hydrant: _____ ft

Fire Station: _____ mi

Tidal Water: _____ mi

Fire Station Type:

Volunteer Career Combo

Storm Shutters:

Yes No

Prior Carrier & Claim Info:

Carrier: _____

Expiration Date: _____

Number of property losses insured incurred in the last 5 years at any location which were solely and directly related to weather: _____

Number of all other property losses in the last 5 years: _____

Has property insurance been cancelled, declined or non-renewed in the last 5 years? Yes No

Any dog bite claims? Yes No

Personal Lines: Dwelling Fire Supplemental Form

If yes, please provide date: _____

Additional Interest:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Additional Insured | <input type="checkbox"/> Loss Payee |
| <input type="checkbox"/> Lender's Loss Payable | <input type="checkbox"/> Mortgagee |
| <input type="checkbox"/> Lienholder | <input type="checkbox"/> Trustee |

Name: _____

Address: _____

Loan #: _____

Additional Notes:

For possible discounts, please choose any options listed in each column below if it applies to this location:

(This section is optional)

<u>Security:</u>	<u>Detectors/ Monitors/ Protectors:</u>	<u>Sprinklers:</u>	<u>Water Leak Protection: (Choose one of the following if applicable):</u>
<input type="checkbox"/> Gated Community	<input type="checkbox"/> Gas Leakage Detector	<input type="checkbox"/> Residential Sprinkler System	<input type="checkbox"/> None
<input type="checkbox"/> Gated Community Patrol Service	<input type="checkbox"/> Lightning Protection	<input type="checkbox"/> Sprinkler Water flow Alarm	<input type="checkbox"/> Alarm
<input type="checkbox"/> 24 Hour Guard/ Security Monitoring	<input type="checkbox"/> Temperature Monitor		<input type="checkbox"/> Automatic Shut-Off
<input type="checkbox"/> Gated House	<input type="checkbox"/> Permanently Installed Back-up Generator		<input type="checkbox"/> Automatic Shut-Off and Alarm
<input type="checkbox"/> Full- time Caretaker	<input type="checkbox"/> Seismic Shut Off Valve		

Wind Mitigation Features:

(Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Roof Covering | <input type="checkbox"/> Roof Shape Hip |
| <input type="checkbox"/> Secondary Water Resistance | <input type="checkbox"/> Roof Shape Gable Braced |
| <input type="checkbox"/> Roof Deck Attachment | |
| <input type="checkbox"/> Roof-to-wall Connection | |

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Date: _____
Date: _____

Signature of Applicant: _____
Signature of Producer: _____