



**Agency Name:** \_\_\_\_\_  
**Agent Name:** \_\_\_\_\_  
**Agent Email Address:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_  
**Target premium:** \$ \_\_\_\_\_

**Requested Line of Business:**  
 Homeowners  
     Primary  
     Secondary  
     Seasonal

If secondary, is it rented to others?                       Yes                       No  
If rented to others:                       Long Term (6+ months)                       Short Term (Less than 6 months)

**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: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

**Dwelling Purchase Date:** \_\_\_\_\_

Personal Lines: Homeowners Supplemental Form

**Coverages/ Limits of Liability:**

Coverage A- Dwelling	\$
Coverage B- Other Structures	\$
Coverage C- Personal Property	\$
Coverage D- Loss of Use	\$
Coverage E- Personal Liability	\$
Coverage F- Medical Payments to Others	\$
All Perils Deductible	\$
Wind/ Hail Peril	\$/%
Extended Dwelling Coverage	%
Sewer & Water Back-Up	\$

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

Coverage	Limit/ Deductible

**Underwriting:**

Is the home under construction?  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: \_\_\_\_\_

Will the residence be rented to others on a short-term basis?  Yes  No

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

Is there a trampoline on the property? Yes No

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

Is there a swimming pool? Yes No

If so, is it fenced in? Yes No

**Dwelling Information:**

Protection Class: \_\_\_\_\_

Year Originally Built: \_\_\_\_\_

Total Living Area: \_\_\_\_\_ sq ft

Personal Lines: Homeowners Supplemental Form

Number of Stories: \_\_\_\_\_

**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
- Masonry Veneer
- 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

**Heating:**

- Gas, Average
- Gas, Hot Water
- Freestand wood/pellet/ coal stv
- Propane, Forced Air
- None

Personal Lines: Homeowners Supplemental Form

Gas,  
Forced Air

Oil,  
Forced Air

In-Wall  
Furnace/  
Heater

Oil Hot  
Water with  
Radiators

Electric,  
Forced Air/  
Baseboard

Oil, Hot  
Water

Wood  
Furnaces

Propane,  
Hot Water

Oil,  
Average

Radiant  
Floor

Space  
Heaters

Hot  
Water  
Baseboard

**Air Conditioning:**

Whole House Fan

Central AC, High Efficiency Separate  
Ducts

Central AC, Same Ducts

Central AC, Multi- Zoned

Electric/ Gas- Heat Pump

Central AC, High Efficiency, Same Ducts

Central AC, Separate Ducts

Evaporative Cooler

None

**Foundation Type:**

Basement

Piers/ Pilings/ Stilts

Crawl Space

Slab

Daylight Basement

Suspended Over Hillside

If basement:

Finished

Partially Finished

Unfinished

**Total Number of Baths:**

Full: \_\_\_\_\_

¾: \_\_\_\_\_

½: \_\_\_\_\_

Fire Protection District: \_\_\_\_\_

Dwelling located in city, suburbs, or district: \_\_\_\_\_

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

Personal Lines: Homeowners 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

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    |

Personal Lines: Homeowners Supplemental Form

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)*

<b><u>Security:</u></b>	<b><u>Detectors/ Monitors/ Protectors:</u></b>	<b><u>Sprinklers:</u></b>	<b><u>Water Leak Protection: (Choose one of the following if applicable):</u></b>
<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"/> Lightening 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: \_\_\_\_\_