

OWNER	PRODUCER
Name	Agent Name:
Address	Sub Agent Address:
City State Zip	
County	
Home Phone: () () () () () ()	
Work Phone: () () () () () ()	
Occupation	
Employer	
Social Security #	DOB
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Spouse's Name	
Spouse's Social Security #	DOB
Spouse's Occupation	
Spouse's Employer	
	TERM
	From To
	REMARKS

LOCATION	<input type="checkbox"/> LIENHOLDER
Address, if different than above (include city, state, zip and county)	Name Loan #
	Address
	City State Zip

GENERAL INFORMATION									
Territory/Zone	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	Roof Type	# of Families	Use			
						<input type="checkbox"/> Seasonal	<input type="checkbox"/> Rental	<input type="checkbox"/> Owner - Full Time	
Construction Type			Year Built	# of Stories	Square Footage	Date Purchased	Purchase Price		
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Other _____							

ADDITIONAL QUESTIONS			
<i>Any "Yes" Response Makes the Risk Unacceptable!</i>			
		YES	NO
1.	If risk is an apartment, is it a cooperative?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the risk a mobile home, trailer home, modular home, houseboat, portable building, or any structure made of cloth or canvas?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the risk a vacant unit?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the risk a short term or vacation rental?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the home under construction or major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is the unit in foreclosure, a property where tenants are behind in rent or where occupant in possession is adverse to owner?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the unit rented to others for commercial use or property with any type of business on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the unit have other insurance in force, except insurance which covers perils not insured by the unit owners policy?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is the unit on piers or pilings?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is the unit located in or near brush fire or landslide areas?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is the unit without permanently installed water, electricity, or sewage utility services?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is the unit located in a forested area?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does the unit have more than two mortgages?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is the unit poorly maintained in an uninsurable condition (must show pride of ownership; no boarded up or vandalized houses)?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is the unit occupied by more than one family?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does the unit have unrepaired damage and/or open claims, including earthquake damage?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Does the risk have more than three claims/losses within the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>

18.	Has the risk had any claims/losses resulting from any insured's willful or malicious behavior?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Has the insured been refused, canceled, or non-renewed in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Is there any type of business conducted on the premises? This includes, but is not limited to childcare.	<input type="checkbox"/>	<input type="checkbox"/>
21.	Does the home have any homemade supplemental heating devices; supplemental heating devices that are the primary source of heat; or supplemental heating devices that are not properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Is the insured asking for a declared value of more than the requested policy limits?	<input type="checkbox"/>	<input type="checkbox"/>

COVERAGES	LIMITS
DWELLING (\$1,000 Limit included in Package at No Charge)	\$
PERSONAL PROPERTY	\$
LOSS OF USE - 10% of Personal Property	\$
LIABILITY	\$
MEDICAL PAYMENTS (Included if Liability coverage Purchased)	\$500 Per Person \$5,000 Per Occurrence
DEDUCTIBLE: <input type="checkbox"/> \$250	
INCREASE DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	
SURCHARGES/CREDITS/OTHER COVERAGES	
Supplemental Heating Surcharge (Submit a Questionnaire and Photo)	
Replacement Cost Personal Property	
Increased Loss Assessment (\$2,500)	