KW SPECIALTY INSURANCE COMPANY APPLICATION – ACORD SUPPLEMENT

Quote Section - All fields in this section are required for quoting

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Insured Information				
Type of Insured: Individual	Legal Entity			
Insured Name: ————				
Consumer Reports Disclosur	re			
Please Read to the Applicant(s):				
	ss, we may order consumer reports relating to loss and credit history e number of the third-party consumer reporting agency from which w		you with	
Does the applicant give us permis	sion to run reports as part of our underwriting process?	Yes No		
Eligibility Information				
 The dwelling and other structur screens, and chimneys. 	res are in good repair, including, but not limited to roof, gutters, fasc	ia, siding, porches, foundation, wi	indows,	
• Decks, porches, patios, doors, a	and stairs are securely railed if 3 feet or more above ground level.			
 Paved surfaces must be properly 	ly maintained as evidenced by the absence of cracks and lifting that	could create a liability hazard.		
 Grounds and landscapes are free 	ee from debris, including, but not limited to inoperable cars, applianc	ces, and interior furniture.		
 Tree limbs do not rest on the ro 	-			
	onvicted of arson or insurance fraud.			
	reclosure proceedings initiated against an owned property anytime v			
 The applicant(s) (or tenant, if te animal. 	enant occupied) does not own, keep, or shelter any animal with a bit	e or attack history on a person or	other	
	enant occupied) does not own, keep, or shelter any exotic or non-do ope, wolves, and big game cats (tigers, lions) as well as any hybrids.	mestic animal including, but not li	mited to	
• • • • • • • • • • • • • • • • • • • •	enant occupied) does not own, keep, or shelter dogs that have been ly exception are dogs that have been certified as a "Canine Good Cit	•		
 The property does not have any 	y inoperable cars, appliances, or other conditions that increase chan	ce of injury or illness to others.		
 The dwelling does not have exist 	sting structural damage.			
Applicant has read and agrees wit	h all of the above statements.	Yes	No	
Underwriting Information				
• Is the dwelling built on stilts, pi	ers, or pilings?	Yes	No	
Does the dwelling have a pool to	hat is not secured with a 5 foot self-latching or locked gate?	Yes	_ No	
Does the dwelling have a pool v	with a diving board or slide?	Yes	_ No	
Does the dwelling have a dayca	re on the premises?	Yes	No	
Does the dwelling have a home	business on the premises?	Yes	No	
Are farming activities conducte	d on the premises?	Yes	No	
Does the dwelling have less tha	n 100-amp electrical service?	Yes	No	
Does the dwelling have heating	that is not controlled by a thermostat?	Yes	No	
Is the dwelling on a historic reg	istry?	Yes	_ No	
 Does the dwelling have perman 	nently installed water, electricity, and/or sewage utility services?	Yes	No	

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Yes _____ No ____ Yes ____ No ___

• Do any other structures or garages have a wood/coal/pellet burning device?

• Does the dwelling have polybutylene pipes?

• Is the dwelling on 5 or more acres?		Yes	No
Does the dwelling have peeling paint or damage to siding, soffits, or fascia?		Yes	No
• Has the applicant(s) been 30 days past due on mortgage payments in the last 12 months?	ı	Yes	No
 Does the dwelling have unrepaired or existing non-structural damage? 		Yes	No
 Is the dwelling attached to or converted from a commercial risk? 			No
Is the dwelling within 1,500 feet of water (river or creek) or located on an island?			No
 Does the property have horses, livestock, or farm animals on the premises? 		Yes	No
Explain Answer(s): Explain any "Yes" answers with the exception of the permanently installed utilities question	. Please explain a	a "No" answer for this qu	uestion.
Fair Plan Companion Disclosure			
Only applicable if this policy is being purchased as a supplement to a California Fair Plan police. Please Read to the Applicant(s):	ıcy.		
This policy is being purchased as a supplement to a California Fair Plan policy. As a result, the from fire or lightning, internal explosion, windstorm or hail, explosion, riot or civil commotion vandalism or malicious mischief. Please confirm that the applicant understands this and was being purchased as a supplement to a CA Fair Plan policy, then please return to the Usage D correct the question.	on, aircraft, vehicl nts to proceed w	les, smoke, volcanic erupith this policy. If this po	otion, or licy is not
Does the applicant understand and agree to these coverage restrictions?		Yes	No
Paradaran Caranaran Tiring at the state of t			
Producer Summary - This section is only needed for bind reques CA Residential Property Insurance Bill of Rights and CA Residential Property Insurance Di			
The producer certifies that the CA Residential Property Insurance Bill of Rights and Disclosu		ovided to the applicant	
The producer certifies that the of residential Property insulance bill of rights and biscost		No	
CA Surplus Lines Notice (D-1)			
The producer certifies that the applicant has signed the CA Surplus Lines Notice (D-1).	Yes	No	
Broker Fee Will a Broker Fee he charged to this policy?	Voc	No	
Will a Broker Fee be charged to this policy? Broker Fee Amount		No	
Will the Broker Fee apply to renewals?		No	
Does the producer certify that he or she has complied with all statutes and requirements r			and/or Renewa
business?	_	No	,
Please Read to the Applicant(s):			
I understand that a Broker Fee will be charged for this policy.			
Does the applicant acknowledge and accept the Broker Fee charge?	Yes	No	
Signatures			
Applicant Electronic Signature			
Please Read to the Applicant(s):			
I understand that this application is subject to the declarations, conditions, exclusions, a knowingly and with intent to defraud any insurance company or other person files an ap information, or conceals for the purpose of misleading information concerning any fact crime and subjects the person to criminal and civil penalties.	plication for insu	rance containing any ma	aterially false
Applicant's Initials			
Last Four Digits of Applicant's SSN or TIN			

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The producer certifies to the best of his or her knowledge and belief that the applicant(s) signature(s) is/are the personal signature(s) of the
applicant(s). The producer further certifies that the questions contained in this application have been read by or to the applicant(s) and that
the responses of the applicant(s) contained in this application are true and correct to the best of the producer's knowledge

Producer's Initials	- <u></u>
Last Four Digits of Producer's SSN	
Producer's Email Address	

Application Submit Receipt

Producer Electronic Signature

Your request for insurance has been submitted to underwriting for approval.

There is no coverage unless or until your application is accepted by the company.

If the application is accepted and the policy is issued and you've selected the monthly payment plan, you've agreed to pay automatically. Please set up your payments at www.paykwspecialty.com if you haven't done so already. If the process isn't completed, your policy could be cancelled for nonpayment. Your enrollment will be available within 24 hours of your initial payment being processed.

Thank you for choosing KW Specialty Insurance Company as your insurance carrier. If you have any questions about your policy, please contact your producer who is listed on this receipt.

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agent may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

FRAUD WARNING: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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KW Specialty Optional Coverages

Property:			
	125% Extended Replacement Cost		
	Increased Ordinance or Law:		
	o15%25%		
	o\$5k		
	Identity Fraud Expenses Coverage (owner occupied only)		
	Limited Fungi, Wet or Dry Rot, or Bacteria – Property:		
	o\$5k		
	Equipment Breakdown - \$100k coverage with \$500 Deductible		
	Service Line - \$10k coverage with \$500 Deductible		
	Specific Structures Away from the Residence Premises. Provide description, address, roof ag		
	and type, limit of liability:		
	Owned Motorized Golf Cart Physical Loss. Provide Make/Model, # of carts, Serial or Motor		
	Number, Limit of liability.		
	Inland Flood		
	Builders Risk		
Liabilit	y:		
	Personal Injury		
	Incidental Farm or Ranch		
	Additional Residence Premises Liability. Provide address and occupancy.		
	Home Business. Provide business name and description.		
	·		
Person	al Property:		
	Scheduled Personal Property. Provide schedule with item description and assigned value.		
	Extended Theft Coverage for Residence Premises Occasionally Rented to Others		
	Increased Limits on Business Property:		
	o\$5k		