



**UNDERWRITING QUESTIONS** All questions must be answered. (Explain any YES answers in "Remarks" below.)

- |   | YES                      | NO  |
|---|--------------------------|---|
| 1. Does the home have a supplemental heating device?  | <input type="checkbox"/> | <input type="checkbox"/>  |
| 2. Is the applicant unemployed other than disabled or retired?  | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 3. Has the applicant filed for bankruptcy in the past 5 years?  | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Submit for approval  |
| 4. Has the applicant had any similar insurance declined, canceled or non-renewed?   | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Submit for approval  |
| 5. Has the dwelling gone uninsured for more than 30 days but less than or equal to 90 days?   | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Submit for approval  |
| 5a. Has the dwelling gone uninsured for more than 90 days?  | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 6. Is there a swimming pool on the premises that is not enclosed by a fence at least 4 feet tall with a locking gate -or- if above ground, does not have steps/ladder that can be secured or removed when not in use? | <input type="checkbox"/> | <input type="checkbox"/> Policy MUST be submitted without liability   |
| 7. Does the applicant own any large, unusual or vicious animals? (includes pitbulls, rottweilers, dobermans, chows, wolf hybrids, any exotic animals)   | <input type="checkbox"/> | <input type="checkbox"/> Policy MUST be submitted with Animal Liability Exclusion; or written without Liability |
| 8. Is the home located on a site with prior occurrences of brushfires, landslides or flooding?  | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 9. Is the home located on an island, or within a 1000 feet of a river or seacoast?  | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 10. Is the home supported on raised poles or pilings?   | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 11. Is the home under construction, undergoing renovations that require the home to be vacated, or not connected to utility services?   | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 12. Is income derived from a commercial, farming or business operation on the premises?   | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 13. Is the home vacant?   | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 14. Is the home under foreclosure or are mortgage payments 60 days or more past due?  | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 15. Does the home have more than two lienholder mortgagees?   | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 16. Has the applicant had ANY Fire, Theft, Liability, Water and/or Flood loss in the last three (3) years?  | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Submit for approval  |
| 17. Has the applicant had two (2) or more Fire, Theft, Liability, Water and/or Flood losses, in any combination, in the last three (3) years?   | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 18. Has the applicant had three (3) or more property losses in the last 3 years?  | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 19. Are there any attached or unattached structures on the premises?  | <input type="checkbox"/> | <input type="checkbox"/> List structures below  |
| 20. Is there any unrepaired damage or boarded-up windows?   | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 21. Does the dwelling have any unrepaired water damage or any water leaks?  | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |
| 22. Does the insured have an employee who works over 20 hours per week inside the insured residence or over 10 hours per week outside the insured premises?   | <input type="checkbox"/> | <input type="checkbox"/> Do Not Bind / Do Not Submit  |

**LOSS HISTORY - MUST LIST ALL OF APPLICANT'S LOSSES FOR THE LAST THREE YEARS.**

Date of Loss	Cause	Description (If none, write "None")	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STRUCTURES ATTACHED TO THE HOME**

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

**STRUCTURES ON PREMISES (Including Satellite Antenna) NOT ATTACHED TO THE HOME**

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

If additional insured, provide information in "Remarks" section below.

**REMARKS**

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**REMARKS**

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**THIS IS NOT AN APPLICATION**