

CALIFORNIA HO-3

OWNER	PRODUCER
Name	Agent Name:
Address	Subagent Address:
City State Zip	
County	
Home Phone: () Work Phone: ()	REQUEST POLICY TERM
Occupation	From To
Employer	
Social Security # DOB	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Co-applicant's Name	
Co-applicant's Social Security # DOB	PREVIOUS ADDRESS (if less than 3 years)
Co-applicant's Occupation and Employer	Address
Address - If location different from Mailing Address.	City State Zip Years at Previous address: _____

--	--

MORTGAGEE / ADDITIONAL INTEREST			
<input type="checkbox"/> Mortgagee	Name	City	Loan #
<input type="checkbox"/> Add'l Interest	Address	State Zip	

MORTGAGEE (2) / ADDITIONAL INTEREST			
<input type="checkbox"/> Mortgagee	Name	City	Loan #
<input type="checkbox"/> Add'l Interest	Address	State Zip	

OTHER	
USAGE: <input type="checkbox"/> Primary/Permanent <input type="checkbox"/> Seasonal/Secondary	
PRIOR INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase	Prior Company: _____ Expiration of Prior Policy: _____
ANIMALS ON PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Animal: _____ Breed of Dog: _____

GENERAL INFORMATION									
Territory	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	Roof Type	Age of Roof	# of Residents	# of Units <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex		
Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____				Year Built	Foundation <input type="checkbox"/> Open <input type="checkbox"/> Closed	# of Stories	Square Footage	Date Purchased	Purchase Price
Type of Siding: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> EIFS <input type="checkbox"/> Stucco <input type="checkbox"/> Other: _____									

Protection Device Type			
SYSTEM	FIRE	BURGLAR	
Central			
Direct			
Local			
Heat Type <input type="checkbox"/> None			
Primary:			
Secondary:			
Oil Storage Tank Location:			
Is there a Space Heater or Woodstove?			
Renovation Type	PART	COMP	YEAR
WIRING			
PLUMBING			
HEATING			
ROOFING			

COVERAGES	LIMITS
DWELLING	\$
TOTAL AMOUNT OF OTHER STRUCTURES (Describe in Remarks on Page 2)	\$
TOTAL AMOUNT OF PERSONAL PROPERTY	\$
TOTAL AMOUNT OF LOSS OF USE - 20% of Dwelling Amount	\$
PERSONAL LIABILITY (Each Occurrence)	\$
MEDICAL PAYMENTS (Each Person)	\$
EARTHQUAKE (Must complete and sign Earthquake Disclosure.) EQ Ded. %: <input type="checkbox"/> 10% <input type="checkbox"/> 15%	
SURCHARGES/CREDITS/OTHER COVERAGES	
Supplemental Heating Surcharge (Submit a Questionnaire and Photo)	
Replacement Cost Contents	
GATED COMMUNITY OR RETIREMENT COMMUNITY CREDIT	
MULTI-POLICY CREDIT	
POLICY FEE	
INSPECTION FEE	
DEDUCTIBLE	

LOSS HISTORY

Loss History: Any losses whether or not paid by insurance during the last 3 years, at this or any other location? Yes No If Yes, indicate below.

Date _____	Type _____		Amount _____
Description of Loss _____			
Date _____	Type _____		Amount _____
Description of Loss _____			

ADDITIONAL QUESTIONS

Any "Yes" Response Makes the Risk Unacceptable!

	YES	NO		YES	NO
1. Applicants that have been convicted of arson or insurance fraud.	<input type="checkbox"/>	<input type="checkbox"/>	18. Mobile home, earth homes, dome homes, log homes, straw built homes or condominiums.	<input type="checkbox"/>	<input type="checkbox"/>
2. Homes without permanently installed water, electricity, and sewage utility services.	<input type="checkbox"/>	<input type="checkbox"/>	19. Homes with more than 2 lienholders. Two lienholders are acceptable if one is a financial institution.	<input type="checkbox"/>	<input type="checkbox"/>
3. Homes with existing damage.	<input type="checkbox"/>	<input type="checkbox"/>	20. Homes titled in the name of a corporation.	<input type="checkbox"/>	<input type="checkbox"/>
4. Homes that are vacant, unoccupied, tenant occupied, or in foreclosure.	<input type="checkbox"/>	<input type="checkbox"/>	21. Homes with childcare, homecare, lodging, auto repair or chemical processing conducted on the premises.	<input type="checkbox"/>	<input type="checkbox"/>
5. Homes that are occupied by more than 2 families. Duplexes can be written when the insured resides in one side.	<input type="checkbox"/>	<input type="checkbox"/>	22. Any premises with childcare, homecare, lodging, auto repair or chemical conducted on the premises.	<input type="checkbox"/>	<input type="checkbox"/>
6. Homes with portable kerosene heaters or heat reclaiming devices.	<input type="checkbox"/>	<input type="checkbox"/>	23. Any premises with a swimming pool or spa that is not completely fenced and not in compliance with all city and/or county ordinances. The swimming pool or spa must have a fence minimum of four feet high with a self latching gate, motorized pool cover or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible.	<input type="checkbox"/>	<input type="checkbox"/>
7. Homes where the primary source of heat is a permanently installed space heater or a wood, coal or pellet burning device.	<input type="checkbox"/>	<input type="checkbox"/>	24. Any premises with a trampoline unless policy written with a trampoline exclusion.	<input type="checkbox"/>	<input type="checkbox"/>
8. Homes that have fuses or knob and tube wiring?	<input type="checkbox"/>	<input type="checkbox"/>	25. Homes without permanently installed steps at all entrances, including decks and patios.	<input type="checkbox"/>	<input type="checkbox"/>
9. Homes with polybutelene pipes.	<input type="checkbox"/>	<input type="checkbox"/>	26. Homes with steps or porches, over 2 feet in height that do not have a railing.	<input type="checkbox"/>	<input type="checkbox"/>
10. Homes with a wood shake roof that is 21 years old or older unless policy is written with the roof exclusion endorsement.	<input type="checkbox"/>	<input type="checkbox"/>	27. Bars on windows without quick release.	<input type="checkbox"/>	<input type="checkbox"/>
11. Townhomes/Rowhomes built prior to 1970.	<input type="checkbox"/>	<input type="checkbox"/>	28. Applicants who own, keep, or shelter any of the following breeds: This includes but is not limited to Akitas, Chows, Dobermans, Pit Bulls, Anatolian Shepherd, Presa Canario, Rottweilers, Wolf or Wolf Hybrids, any mix of these breeds, any animal with a previous bite history or any exotic (snakes, monkeys, etc.) animals. The maximum liability limit for the policy is \$100,000.	<input type="checkbox"/>	<input type="checkbox"/>
12. Seasonally occupied homes if American Reliable does not write the primary home.	<input type="checkbox"/>	<input type="checkbox"/>	29. Applicants who own, keep, or shelter any animal with a previous bite history or any non-domestic animal.	<input type="checkbox"/>	<input type="checkbox"/>
13. Homes or structures used to store flammable or explosive materials.	<input type="checkbox"/>	<input type="checkbox"/>			
14. Homes under construction or major renovation?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Homes next to burned out or abandoned building.	<input type="checkbox"/>	<input type="checkbox"/>			
16. Homes with (EIFS) Exterior Insulation Finish siding.	<input type="checkbox"/>	<input type="checkbox"/>			
17. Homes or structures located in a designated "Brush" area including: <ul style="list-style-type: none"> a. Any home or structure where the brush clearance is less than 350 feet from the home. b. Any home or structure located in a designated brush area. c. Homes or structures not located in a designated brush area but not completely surrounded by a designated brush area. 	<input type="checkbox"/>	<input type="checkbox"/>			

ADDITIONAL QUESTIONS

Any "Yes" response must be explained below.

	YES	NO		YES	NO
1. Applicants that have had 2 or more property losses in the past 3 years, or any single fire, theft, liability, or flood loss in the past 3 years. If yes, give date of loss, describe the loss and the amount paid to repair the damage.	<input type="checkbox"/>	<input type="checkbox"/>	6. Homes with more than 2 unrelated owners.	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicants that have a homeowners/dwelling policy cancelled or non-renewed for underwriting reasons (except age of home) during the past 3 years.	<input type="checkbox"/>	<input type="checkbox"/>	7. Homes within 1,500 feet of water (river, lake, creek or ocean), or homes on an island, or in a Special Flood Hazard Area.	<input type="checkbox"/>	<input type="checkbox"/>
3. Applicants that have a lapse in insurance coverage over 30 days. (Confirmation of prior coverage must be maintained on file; not applicable to first time home buyers).	<input type="checkbox"/>	<input type="checkbox"/>	8. Homes with multiple horses, livestock or farm animals on the premises.	<input type="checkbox"/>	<input type="checkbox"/>
4. Homes with business or farming activities conducted on the premises.	<input type="checkbox"/>	<input type="checkbox"/>	9. Any premises with 5 or more acres.	<input type="checkbox"/>	<input type="checkbox"/>
5. Homes equipped with a supplemental heating device that was not installed by a licensed contractor. Photos of the heating device and the Woodstove Inspection Report must be included.	<input type="checkbox"/>	<input type="checkbox"/>	10. Other Structures that exceed 30% of the value of the house.	<input type="checkbox"/>	<input type="checkbox"/>
			11. Personal Property that exceeds 75% of the value of the home.	<input type="checkbox"/>	<input type="checkbox"/>
			12. Homes attached to, occupied as, or converted from or within 300 feet of a commercial risk.	<input type="checkbox"/>	<input type="checkbox"/>
			13. Homes that have an open foundation or are built on stilts, posts or piers. Photos of the stilts, posts or piers must be included.	<input type="checkbox"/>	<input type="checkbox"/>

CREDITS

	YES	NO		YES	NO
1. Is the home located in a gated community meeting the following criteria? <ul style="list-style-type: none"> a. Access to the community is controlled by a powered gate(s) that are operating properly. b. The entire community is enclosed by fencing or walls at least 5 feet or higher. 	<input type="checkbox"/>	<input type="checkbox"/>	3. Is the home located in a protected retirement community meeting the following criteria? <ul style="list-style-type: none"> a. Named Insured (any) must be 55 years of age or older. b. Access to the community is controlled by a powered gate(s) that are operating properly. c. The entire community is enclosed by fencing or walls at least 5 feet or higher. <i>If home is located in a gated community or retirement community, please provide name of that community.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the home located in a retirement community meeting the following criteria? <ul style="list-style-type: none"> a. Named Insured (any) must be 55 years of age or older. 	<input type="checkbox"/>	<input type="checkbox"/>	4. Do you have any other current policies with American Reliable Insurance Company? If yes, please provide the policy number and policy effective date.	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

USE THIS AREA TO EXPLAIN ANY FURTHER UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

UNPROTECTED HOMEOWNER QUESTIONNAIRE

1. Name of Primary responding Fire Department: _____ Phone #: _____
Distance to Dwelling: _____ Response Time: _____
2. Tankers/pumper responding to a fire and their water capacity in gallons: _____ Truck: _____ Capacity: _____ Gallons per Minute: _____
3. Is the fire department paid or volunteer? _____ Give the number of firefighters: _____
4. Is the dwelling in a development of 10 or more homes? YES NO Is it visible from the neighbor? YES NO Distance to the nearest neighbor: _____
5. Is the dwelling located on a paved road? YES NO If not, how far is it from a paved road? _____
6. Are there any physical barriers surrounding the residence that would limit access by firefighters (i.e., locked gates, foot bridges, bodies of water, unusual terrain)? YES NO
If so, please describe: _____
7. Is the road passable for all fire fighting equipment on a year-round basis? YES NO
8. Describe any alternative water sources, including location, distance from dwelling, and approximate volume of water. _____
9. Questions 1, 2 and 3 should be answered for any additional fire departments that respond.

**THIS IS NOT AN
APPLICATION**