

DWELLING APPLICATION DP-1 (LOB 55)

APPLICANT		PRODUCER	
Name		Agency Name:	Agent #:
Address		Agency Phone:	Agent Fax:
City	State	REQUEST POLICY TERM	
County	Phone No.	From	To
Occupation	Employer (If self-employed, list self)	Policy Term: 12 Months	
Social Security #	DOB	Time	AM <input type="checkbox"/> PM <input type="checkbox"/>
Co-applicant's Name	BINDING COVERAGE: For coverage to begin as requested, the application must be mailed within 72 hours of the effective date of coverage. Otherwise, coverage is bound at 12:01 a.m. the day of the postmark.		
Co-applicant's Social Security #			
Co-applicant's Occupation			
Co-applicant's Employer (If self-employed, list self)			
LOCATION			
Add'l Insured	Address, if different than above (include city, state, zip and county)		
Address			
City	State	Zip	

BILLING / ACCOUNTING INFORMATION

BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder Check # _____ Check Amt \$ _____	*PAYMENT PLANS: If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected. <input type="checkbox"/> 1-Pay, 100% payment, plus any applicable taxes and fees <input type="checkbox"/> 4-Pay, 25% down, plus any applicable taxes and fees * Each installment includes a \$6 fully earned service charge <input type="checkbox"/> 2-Pay, 50% down, plus any applicable taxes and fees <input type="checkbox"/> 8-Pay, 20% down, plus any applicable taxes and fees
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MORTGAGEE

Name	Loan #	Name	Loan #
Address		Address	
City	State	City	State
	Zip		Zip

GENERAL INFORMATION

Territory	Year Built	Square Footage	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	# of Families	# of Stories	Year Purchased	Purchase Price	Actual Cash Value (Excluding Land)
									\$	\$
Construction <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer			Protective Devices <input type="checkbox"/> None <input type="checkbox"/> Central Station Fire Alarm			Type of Siding: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> EIFS <input type="checkbox"/> Stucco Other: _____				
Type of Wiring: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Fuses & Circuit Breakers				Date Of Last Update: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update If Partial, to what extent: _____						
Type of Heating: _____				Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____						
Type of Roofing: _____				Date Of Last Update: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update If Partial, to what extent: _____						
Describe Unattached Structures: _____										

MUST COMPLETE THE FOLLOWING

USAGE: Rental
PRIOR INSURANCE? Yes No New Purchase Prior Company: _____ Expiration of Prior Policy: _____
ANIMALS ON PREMISES? Yes No Type of Animal: _____ Breed of Dog: _____

DISCOUNT / SURCHARGE SECTION			
Deductibles:	\$2,500 Deductible	- 5%	<input type="checkbox"/>
	\$1,000 Base Deductible		
	Smoke Alarm, Dead Bolt Locks & Fire Extinguisher:	- 2%	<input type="checkbox"/>
	Central Station Fire Alarm System	- 5%	<input type="checkbox"/>
	Age of Home (1-20):	- 5%	<input type="checkbox"/>
	2 Family Dwelling:	+10%	<input type="checkbox"/>
	3 or 4 Family Dwelling:	+30%	<input type="checkbox"/>
	2 Claims in Past 5 Years:	+10%	<input type="checkbox"/>
	3 Claims in Past 5 Years:	+25%	<input type="checkbox"/>
	Supplemental Heating Surcharge	+ 5%	<input type="checkbox"/>
TOTAL		_____	

POLICY INFORMATION		
COVERAGES	LIMITS	PREMIUM
Dwelling	\$	\$
Total Amount of Other Structures	\$	\$
Total Amount of Personal Property	\$	\$
Total Amount of Fair Rental Value or Additional Living Expense	\$	\$
BASE PREMIUM:		\$
** DISCOUNT/SURCHARGE PERCENTAGE: (See shaded Section to the left.) _____ %		
DISCOUNT/SURCHARGE AMOUNT: (BASE PREMIUM multiplied by DISCOUNT/SURCHARGE %)		\$
SUBTOTAL: (BASE PREMIUM plus DISCOUNT/SURCHARGE AMOUNT)		\$
Premises Liability	\$	\$
Medical Payments to Others	\$	\$
Vandalism or Malicious Mischief	\$	\$
Radio & TV Antennas, Signs & Awning Coverage	\$	\$
Minimum Written Premium is \$150 / Minimum Earned Premium is \$25	TOTAL PREMIUM:	
		\$

LOSS HISTORY

HAVE YOU HAD ANY PRIOR LOSSES? Yes No If Yes, indicate below.

Description of Loss _____	Date _____	Amount Paid _____
Description of Loss _____	Date _____	Amount Paid _____
Description of Loss _____	Date _____	Amount Paid _____

If the applicant has had 2 or more property losses (paid or unpaid) in the past 36 months or any single fire, theft, liability or water loss in the past 36 months, the risk must be submitted to the General Agent for acceptability.

UNACCEPTABLE RISKS

Any "Yes" response makes the risk unacceptable and it cannot be written!

	Yes	No
1. Does the dwelling have any existing structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the dwelling in foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the dwelling vacant? (See Vacant program)	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the dwelling equipped with liquid fuel-powered space heater or heat-reclaiming device?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the dwelling's <i>primary</i> source of heat a wood/coal/pellet burning device?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any other structures or garages with a wood/coal/pellet burning device on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the dwelling have knob and tube wiring or electrical service with less than 100 amps?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the dwelling have Exterior Insulation Finish System (EIFS) siding?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the dwelling under construction or major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the dwelling a mobile home, dome home, log home, earth home, straw built home or condominium?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the dwelling have childcare, homecare, lodging, auto repair or chemical processing conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the applicant had a prior fire/smoke or liability loss in the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the applicant had losses that exceed \$5,000 (excluding weather) in the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the dwelling been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase)	<input type="checkbox"/>	<input type="checkbox"/>

RISK TO BE WRITTEN WITHOUT LIABILITY COVERAGE

Any "Yes" Response Must Be Explained Below.

	Yes	No
1. Does the premises have a swimming pool or spa that does not have a four-foot fence 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? (Risk can be written with Liability if the Swimming Pool/Spa Liability Exclusion is attached.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the applicants own, keep, or shelter any Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf or Wolf hybrid, any mix of these breeds with any other breed, whether listed or not?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the applicant own, keep, or shelter any animal with a previous bite history or any nondomestic animal?	<input type="checkbox"/>	<input type="checkbox"/>

SUBMIT RISKS TO GENERAL AGENT

Any "Yes" Response Must Be Explained Below.

	Yes	No
1. Has the applicant had a homeowners/dwelling policy cancelled or non-renewed for underwriting reasons (except home age) during the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the applicant filed for bankruptcy in the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant been 30 days past due on mortgage payments in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the dwelling without permanently installed water, electricity, and sewage utility services?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the dwelling have unrepaired damage or existing non-structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the dwelling attached to, occupied as or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the dwelling have an open foundation or is it built on stilts, posts or piers? <i>Photos must be included.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the dwelling equipped with a supplemental heating device that was not installed by a licensed contractor? <i>Photos and the Woodstove Inspection Report must be included.</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the dwelling have steps or porches, over 2 feet in height that do not have a railing? <i>Photos must be included.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the dwelling <i>without</i> permanently installed steps at all entrances? <i>Photos must be included.</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the dwelling within 1,500 feet of water (ocean, river or creek) or is the dwelling located on an island or in a Special Flood Hazard Area?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the dwelling have multiple horses, livestock or farm animals on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the premises have a dock, pier or boathouse? <i>Photos must be included.</i>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the dwelling on a premise with 5 or more acres?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the dwelling have farming activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the dwelling have business pursuits conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers _____

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss for benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. 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.

X _____ X _____
 (Signature of Applicant) Date (Signature of Producer) Date