

**Composite Application**

Applicant	SS #	Occupation	Employer	Date of Birth

Mailing Address \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 Producer Name \_\_\_\_\_ Address \_\_\_\_\_  
 Contact Person for Inspection: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Policy Type: (Indicate, Yes or No)**

Type	COV. PART 1				COV. PART 2		COV. PART 3	COV. PART 4
[ ] New	HO-3	HO-4	HO-6	Builders Risk	Umbrella	Excess Liability	Excess Flood	PAF
[ ] Renewal	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No

Prior Policy #: \_\_\_\_\_ Prior Carrier: \_\_\_\_\_ Expires: \_\_\_\_\_ Expiring/Renewal Premium: \$ \_\_\_\_\_

Within last 5 years, has applicant had a: [ ] foreclosure [ ] bankruptcy [ ] repossession If prior carrier non-renewed, why? \_\_\_\_\_

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Coverage Part 1: Homeowner Information**

**Loan Information/Additional Interests:**

Loan #1 \_\_\_\_\_ Name/Address \_\_\_\_\_  
 Loan #2 \_\_\_\_\_ Name/Address \_\_\_\_\_

**Limits:**  
 Dwelling \$ \_\_\_\_\_ Personal Property \$ \_\_\_\_\_ Personal Liability \$ \_\_\_\_\_  
 Other Structures \$ \_\_\_\_\_ Loss of use/Fair Rental \$ \_\_\_\_\_ Medical Payments \$ \_\_\_\_\_

**Deductibles: (subject to Company guidelines):**

Requested Deductible: AOP: \$ \_\_\_\_\_ Wind: % \_\_\_\_\_ Earthquake: % \_\_\_\_\_  
 Exclude wind: [ ] Yes [ ] No Eligible for Windpool (FL only): [ ] Yes [ ] No Wind Deductible Buyback: [ ] Yes [ ] No % \_\_\_\_\_

**Optional Coverages:**

Coverage	Y	N	Coverage	Y	N	Coverage	Y	N
Personal Injury			Replacement Cost Contents			All Risk Dwelling (HO6 Only)		
Increased Special Limits:			All Risk Contents			Builders Risk Options: - Theft of Building Materials - Builders Risk Liability - Extended Coverages - Limit: _____		
Option 1-Increased Jewelry/Watches/Furs			Increased Business Property - \$10,000 limit					
Option 2-All Special Limits increased			Special Computer Coverage					
Identity Fraud Expense Coverage			Water Backup Coverage					
Watercraft Liability: Engine Type _____ HP _____ Length _____			Golf Cart Coverage: Liab _____ Phys Dam. Value \$ _____			Ordinance or Law (includes 10%): % Requested _____		
Extending Liability: # of locs. _____ State(s) _____			Earthquake Coverage: Earthquake Zone: _____			Loss Assessment (includes \$1000): Limit \$ _____		

**Property Information:**

	Y	N		Y	N		Y	N
Occupied Daily?			Swimming Pool on Premises?			Builders Risk or Renovation (please circle)		
occupied for > 30 days in a row?			If "yes": Fenced / Screened?			If "yes", is it walled / roofed?		
Dwelling for sale?			Diving Board?			Is property fenced?		
If "yes", for how long: _____			Slide?			Is property lighted?		
Dwelling Rented?			Located in a Gated Community?			Estimated Completion Date: _____		
If "Yes", how many weeks/ year? _____			Is it Patrolled?			Estimated Completion Value: _____		
Under Lease?			Day Care Conducted on Premises?			Building Permit #: _____		
Caretaker or Property Manager?			Business Conducted on Premises?			If Condo/Rental, is dwelling on 1 <sup>st</sup> floor?		
Resident Paid?			Wood Stoves/Sap. Heating?			Animals on the Premises		
Non-Resident Paid?			Is this a primary heat source?			Training? _____ Bite history? _____		

**Construction:** [ ] Pre-Fabricated [ ] Brick, Stone or Masonry [ ] Frame/Stucco [ ] Superior

Year Built \_\_\_\_\_ Year Purchased \_\_\_\_\_ Age of Roof \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Market Val. \$ \_\_\_\_\_ # of stories \_\_\_\_\_ # of families \_\_\_\_\_

**Foundation:** [ ] Concrete Slab [ ] Concrete/Block [ ] Pillings/Stilts **Roof:** [ ] Asphalt [ ] Tile [ ] Wood Shake [ ] Other \_\_\_\_\_

**Occupancy:** [ ] Primary [ ] Secondary [ ] Rental [ ] Vacant [ ] Builders Risk **ISO Territory #:** \_\_\_\_\_

**Protection:** Protection Class #: \_\_\_\_\_ Distance to Fire Hydrant \_\_\_\_\_ Fire Station \_\_\_\_\_ Fire Department: [ ] Paid [ ] Volunteer

PC 9 or 10 only: Fire Department Response Time: \_\_\_\_\_ Distance to Nearest Water Source \_\_\_\_\_ Type of Source \_\_\_\_\_

**Protection Devices:** [ ] Fire [ ] Burglar [ ] Motion Det. [ ] Smoke Det. [ ] Dead bolts [ ] Sprinklers Full [ ] Sprinklers Partial

**Coastal Exposure:** Distance to the Ocean/Bay/Gulf \_\_\_\_\_ Ft. \_\_\_\_\_ Miles \_\_\_\_\_ Elevation [ ] Straps [ ] Shutters [ ] Protective Glass

**Damage Information:** (Required for homes over 25 years old) P = Partial F = Full

Type	Year	P or F	Type	Year	P or F	Type	Year	P or F	Type	Year	P or F
Wiring			Plumbing			Heating			Roofing		

**Three Year Loss History - Must be filled out completely**

Date	Type of Loss	Cause	Amount	Preventative Measures?

**NOTICE OF INSURANCE INFORMATION PRACTICES:** Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. 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 is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

**FL Residents Only:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE (§17.234).

**NJ Residents Only:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

**VA Residents Only:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS (§2-40).

**Note to Agents:** No handing or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

**PRODUCER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Producer: How long have you known the applicant? \_\_\_\_\_ Date agent last inspected property? \_\_\_\_\_

**Applicant's Statement:** With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_