

HO3 DP3
 HO5 HO6 - Condo

Property Quote Request
New Business
Quote Number:
Requested Effective Date:

PROPOSED NAMED INSURED AND MAILING ADDRESS			Agency Name and Address:		Agency Code:		
Named Insured Phone Number:				Agency Phone Number:			
Email Address:				Email Address:			

APPLICANT INFORMATION							
Address of Residence Premises to be Insured				Previous Address (if less than 3 years):			
				Prior Carrier:			
				Prior policy expiration date or property purchase date (if new purchase):			
Applicant Occupation:		Date of Birth:		Marital Status:			
Co-Applicant Occupation:		Date of Birth:		Marital Status:			

COVERAGE	LIMIT	DEDUCTIBLE	LIMIT
Coverage A - Dwelling		AOP Deductible	
Coverage B - Other Structures		Wind Hail Deductible (if applicable)	
Coverage C - Personal Property			
Coverage D - Loss Of Use			
Coverage E - Personal Liability			
Coverage F - Medical Payments			

PROPERTY CHARACTERISTICS		
Year Built:	Square Footage:	Number Of Families:
Construction Type:	Occupancy:	Number Of Stories:
Roof Material:	Monthly Rent (if Rental):	Roof Replaced Year:
Protection Class:	Foundation Type:	Purchase Date:
Roof Wall Attachment:	Opening Protection:	Protective Device:

COVERAGE OPTIONS		
Water Backup:	Replacement Cost Contents:	Golf Cart:
Ordinance or Law:	Supplemental Loss Assessment:	
Broadened Home Share:	Personal Injury:	
Equipment Breakdown:	Extended Replacement Cost:	

LOSS HISTORY			
Date of Loss:	Loss Type:	Description:	Amount:

UNDERWRITING		
Water Heater Location:	Electrical Update Yr:	Alarm: Yes No
Laundry Location:	HVAC Update Yr:	Central Local
Plumbing Type:	Plumbing Update Yr:	
	Water Heater Update Yr:	

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In this application, "I", "you", and "applicant" refer to the Proposed Named Insured(s) shown on page 1 of this application, and their spouse, if a resident of the same household.

ELIGIBILITY:	
Yes ___ No ___	DOES THE RESIDENCE PREMISES HAVE ANY EXISTING DAMAGE? DESCRIPTION:
Yes ___ No ___	IS THE RESIDENCE PREMISES IN A STATE OF DISREPAIR, DOES IT REFLECT A LACK OF MAINTENANCE, HAS IT BEEN CONDEMNED, OR IS IT LOCATED IN A CONDEMNED AREA?
Yes ___ No ___	IS THERE A SWIMMING POOL ON THE RESIDENCE PREMISES?
Yes ___ No ___	IS THE POOL PERMANENTLY FENCED, WALLED, OR SCREENED OF AT LEAST 4 FEET AND WITH A SELF-LATCHING GATE, OR (WHERE REQUIRED AND ALLOWED BY STATE OR LOCAL ORDINANCE) IS THERE NATURAL FENCING, SUCH AS TALL SHURBBERY, IN PLACE?
Yes ___ No ___	IS THE RESIDENCE PREMISES IN THE COURSE OF CONSTRUCTION OR UNDER RENOVATION?
Yes ___ No ___	WAS THE RESIDENCE PREMISES ORIGINALLY DESIGNED OR BUILT FOR OTHER THAN HABITATIONAL PURPOSES?
Yes ___ No ___	ARE THERE ANY STRUCTURES ON THE RESIDENCE PREMISES CONSTRUCTED PARTIALLY OR ENTIRELY OVER WATER? TYPE: _____ DESCRIPTION: _____
Yes ___ No ___	IS THE RESIDENCE PREMISES OCCUPIED BY MORE THAN 1 FAMILY, OR DOES THE APPLICANT HAVE ANY ROOMERS OR BOARDERS?
Yes ___ No ___	TO YOUR KNOWLEDGE, HAS THERE EVER BEEN, ANY SINKHOLE ACTIVITY ON THE RESIDENCE PREMISES?
Yes ___ No ___	WILL THE PROPERTY BE OCCUPIED BY THE APPLICANT(S) WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS POICY?
Yes ___ No ___	HAS THE APPLICANT(S) EVER BEEN A FIRST PARTY IN A PERSONAL LAWSUIT AGAINST AN AUTO OR HOMEOWNER'S INSURANCE COMPANY EXCEPT WHERE THE INSURED PREVAILED IN OR SETTLED THE LAWSUIT OR TO THE BEST OF YOUR KNOWLEDGE HAD AN ASSIGNMENT OF BENEFITS CLAIM THAT RESULTED IN A LAWSUIT AGAINST A PERSONAL LINES INSURANCE COMPANY?

GENERAL INFORMATION:	
Yes ___ No ___	DO YOU OWN, OCCUPY, OR RENT ANY OTHER RESIDENCE?
Yes ___ No ___	IS THE RESIDENCE PREMISES FOR SALE BY THE APPLICANT?
Yes ___ No ___	ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?

MORTGAGEE(S):	
First Mortgagee Name and Address:	Second Mortgagee Name and Address:
Loan #:	Loan #:

**OTHER INTEREST(S):
 INSURABLE INTEREST:**
Remarks:



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APPLICANT'S STATEMENT:

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS AND I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING AND I UNDERSTAND THAT A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY.

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.

Applicant Signature

Producer Signature

Applicant Signature Date

Producer Name (Printed)

License Number