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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Homeowner / Dwelling Fire Application  S&H Underwriters Inc | | | | | | | | | | | | | | | | Agency:  Producer:  Phone Number:  Email: | | | | | | |
| **APPLICANT INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | **Occupation** | | | | | | | **Employer** | | | | | | | **Date of Birth** | |
|  | | | | | | |  | | | | | | |  | | | | | | |  | |
|  | | | | | | |  | | | | | | |  | | | | | | |  | |
| **Mailing Address:** | | | | | | | | | | | | | | | | | | | | **County**: | | |
| **Insured Location (if different from Mailing):** | | | | | | | | | | | | | | | | | | | | **County**: | | |
| **Inspection Contact & Number:** | | | | | | | | | | | | | | | | | | **Eff Date Requested**: | | | | |
| **Prior Carrier:** | | | | | | | | **Expiration date:** | | | | | | | | | | **Expiring Premium**: | | | | |
| **Reason Prior Carrier Cancelled OR Non-renewed Risk:** | | | | | | | | | | | | | | | | | | | | | | |
| **Reason Insured has not carried Coverage within last 12 Months:** | | | | | | | | | | | | | | | | | | | | | | |
| **Within the last 5 years has the insured had:**  **Foreclosure**  **Bankruptcy**  **Repossession**  **Lien** | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Interests:** | | | | | | | | | | | | | | | | | | | | | | |
| **Mortgagee (Name/Mailing address):**  **Loan #:** | | | | | | | | | | | | | | | | | | | | | | |
| **Mortgagee (Name/Mailing address):**  **Loan #:** | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Insured (Name/Mailing address):**  **Additional Insured Interest:** | | | | | | | | | | | | | | | | | | | | | | |
| **Grantor, Beneficiary OR Trustee (for residences held in trust, estates, etc.):** | | | | | | | | | | | | | | | | | | | | | | |
| **Coverages / Limits of Liability** | | | | | | | | | | | | | | | | | | | | | | |
| **Policy Form:** | | **Coverage Limits Requested** | | | | | | | | | | **Deductibles:** | | | | | | | | | | |
| **HO-3** | | **Dwelling**: $ | | | | | | | | | | **AOP Deductible:** $ | | | | | | | | | | |
| **HO-4** | | **Other Structures**: $ | | | | | | | | | | **Wind/Hail Deductible:** $ | | | | | | | | | | |
| **HO-5** | | **Personal Property**: $ | | | | | | | | | | **Water Damage Deductible:** $ | | | | | | | | | | |
| **HO-6** | | **Loss Of Use**: $ | | | | | | | | | | **Theft Deductible**: $ | | | | | | | | | | |
| **HO-8** | | **Loss Of Rents**: $ | | | | | | | | | | **Other Deductible**: $ | | | | | | | | | | |
| **DP-1** | | **Liability**: $ | | | | | | | | | | **Other Deductible**: $ | | | | | | | | | | |
| **DP-3** | | **Medical Payments**: $ | | | | | | | | | | **Other Deductible**: $ | | | | | | | | | | |
| **Underwriting Information (must be completed entirely)** | | | | | | | | | | | | | | | | | | | | | | |
| **Protection Class:**  **Distance to Fire Hydrant:**       Feet  **Distance to Fire Department:**       Miles | | | | | | | | | | **Fire Department:**  Paid  Volunteer  Combination Paid & Volunteer | | | | | | | | | | | | |
| **Is the risk accessible year round to emergency vehicles:** Yes  No – if no, please provide details in comment section  **Is the driveway and/or road plowed & maintained:** Yes  No – if no, please provide details in comment section | | | | | | | | | | | | | | | | | | | | | | |
| **Occupancy:**  Primary  Secondary  Secondary with Rental  Rental  Builders Risk  Vacant  Unoccupied | | | | | | | | | | | | | | | | | | | | | | |
| **If rented, what is the minimum # of days rented per tenant:**  **If rented, what is the estimated number of days rented annually:** | | | | | | | | | | | | | | | **If Vacant, how long has the risk been vacant:** | | | | | | | |
| **Construction:**  Frame/Stucco  Masonry  Masonry Veneer  Superior  EIFS  Log  Other – Specify: | | | | | | | | | | | | | | | | | | | | | | |
| **Foundation:**  Concrete Slab  Concrete Block  Pilings/StiltsOther – Specify | | | | | | | | | | | | | | | | | | | | | | |
| **Year Built:** | | | **Square Footage:** | | | **# of Families:** | | | | **# of Stories:** | | | | | | | **HO4/HO6:**  How many Floors in Building:  What floor is the unit on: | | | | | |
| **Was the dwelling Gutted & completely Remolded:** Yes  No – If yes, when: | | | | | | | | | | | | | | | | | | | | | | |
| **Roof Type:**  Comp  Shake  Tile  Slate  Metal  Other – Specify: | | | | | | | | | | | | | | | | | | | | | | |
| **Hip Roof:**  Yes  No | | | | **Age of Roof:** | | | | **Date of Roof update**:        Full  Partial | | | | | | | | | | | | | | |
| **Electrical System:**  Circuit Breakers  Fuses # of Amps:       **Date of Electrical Update:**        Full  Partial | | | | | | | | | | | | | | | | | | | | | | |
| **Does the dwelling Include any Knob & Tube Wiring:  Yes  No**  **Does the dwelling include any Federal Pacific Stab Lok Breakers:  Yes  No**  **Does the dwelling include any Aluminum Wiring:  Yes  No** | | | | | | | | | | | | | | | | | | | | | | |
| **Plumbing System:**  **Copper**  **Plastic**  **Iron** | | | | | | | | | **Date of Plumbing update:        Full  Partial** | | | | | | | | | | | | | |
| **Heating System:**  **Electric**  **Gas**  **Oil**  **Wood**  **Other – Specify**  **Date of update:        Full  Partial** | | | | | | | | | | | | | | | | | | | | | | |
| **Protective Devices:**  Central Fire  Central Burglar  Low Temp  Smoke Detectors  Interior Sprinklers  Dead Bolts  Fire Extinguishers  Motion Detection  CO Detectors | | | | | | | | | | | | | | | | | | | | | | |
| **Loss History: (include all losses within last 5 years regardless of location whether or not paid by insurance)** | | | | | | | | | | | | | | | | | | | | | | |
| **Loss Date:** | **Loss Type:** | | | | **Description of Loss:** | | | | | | | | **Amount Paid:** | | | | | | **Open/Closed** | | | **Unrepaired**  **Damage** |
|  |  | | | |  | | | | | | | |  | | | | | |  | | | **Yes  No** |
|  |  | | | |  | | | | | | | |  | | | | | |  | | | **Yes  No** |
|  |  | | | |  | | | | | | | |  | | | | | |  | | | **Yes  No** |
|  |  | | | |  | | | | | | | |  | | | | | |  | | | **Yes  No** |
|  |  | | | |  | | | | | | | |  | | | | | |  | | | **Yes  No** |
| **Additional Liability Considerations: (check all that apply)** | | | | | | | | | | | | | | | | | | | | | | |
| **Business Conducted On Premises:  Yes  No**  **If yes, Explain:** | | | | | | | | | | | **Is the dwelling For Sale:  Yes  No**  **Listed with Realtor:  Yes  No** | | | | | | | | | | | |
| **Is the Dwelling undergoing any renovations:  Yes  No** | | | | | | | | | | | **Is the dwelling rented to students:  Yes  No** | | | | | | | | | | | |
| **Are there any animals on premises:  Yes  No**  **Type:** **Breed:** **Bite History:** | | | | | | | | | | | **Is there any supplemental heating device:  Yes  No**  \*\*supplemental heating questionnaire required | | | | | | | | | | | |
| **Is the dwelling on the National Historic Register:  Yes  No** | | | | | | | | | | | **Is there a swimming Pool:  Yes  No**  **Fenced**  **Unfenced**  **Diving Board**  **Slide** | | | | | | | | | | | |
| **During the last 5 years has any applicant and/or person with financial interest in the property to be insured been indicated**  **for OR convicted of any degree of the crime of Fraud, Bribery, Arson, or any other crime in connection with the property to**  **be insured OR any other property:  Yes  No** | | | | | | | | | | | | | | | | | | | | | | |
| **OPTIONAL COVERAGES / ENDORSEMENTS (not all requested coverages may be provided – subject to underwriting review)** | | | | | | | | | | | | | | | | | | | | | | |
| **Personal Property Replacement Cost  Yes  No** | | | | | | | | | | | **Mandatory Evacuation**  **Yes**  **No** | | | | | | | | | | | |
| **Special Personal Property All Risk Coverage C  Yes  No** | | | | | | | | | | | **Personal Injury  Yes  No** | | | | | | | | | | | |
| **Extended Replacement Cost Dwelling:  Yes  No**  125%  150% | | | | | | | | | | | **Water Back Up & Sump Pump Over Flow:  Yes  No**  $5,000  $10,000  $25,000 | | | | | | | | | | | |
| **Increased Special Limits (All)  Yes  No** | | | | | | | | | | | **Special Computer Coverage  Yes  No** | | | | | | | | | | | |
| **Increased Special Limits (Jewelry/Watches/Furs)  Yes  No** | | | | | | | | | | | **HO6 All Risk Coverage A  Yes  No** | | | | | | | | | | | |
| **Vandalism & Malicious Mischief  Yes  No** | | | | | | | | | | | **Builders Risk – Theft  Yes  No** | | | | | | | | | | | |
| **Vacation Home Rental Coverage  Yes  No** | | | | | | | | | | | **Builders Risk – Extended Coverages  Yes  No** | | | | | | | | | | | |
| **Loss Assessment  Yes Limit:** **No** | | | | | | | | | | | **Earthquake**  **Yes**  **No Earthquake Zone** | | | | | | | | | | | |
| **Home Service Protection (Equipment Breakdown )  Opt Out**  **Included on all Coverage Forms & Occupancies** | | | | | | | | | | | **Identity Recovery (Identity Fraud)  Opt Out**  **Included on all risk EXCEPT LLC, Corp, Trust, Or Estate Risks** | | | | | | | | | | | |
| **Service Line Protection**  **Opt Out**  **Included on all risks EXCEPT HO4/HO6 Risks** | | | | | | | | | | |  | | | | | | | | | | | |
| **Additional Information/Comments:** | | | | | | | | | | | | | | | | | | | | | | |

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY (IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. 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 HELP 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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE.THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, **and (Applicant's Initials):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FRAUD STATEMENTS / SIGNATURE:**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

**APPLICANT'S STATEMENT**: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THEINFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING

Producers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_