



Agency: \_\_\_\_\_  
 Producer: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

# Personal Lines Application

## APPLICANT INFORMATION:

Named Insured(s) (If LLC/Corp/Trust list primary contact)		Occupation	Employer	Date of Birth
Location Address:		County:		
Mailing Location (if different from Location):		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: <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien				
<b>Additional Interest(s):</b>				
<u>Mortgagee #1 (Name/Mailing address):</u>				
<u>Loan #:</u>				
<u>Mortgagee #2 (Name/Mailing address):</u>				
<u>Loan #:</u>				
<u>Additional Insured (Name/Mailing address):</u>				
<b>Additional Insured Interest:</b>				
<u>Grantor, Beneficiary OR Trustee (for residences held in trust, estates, etc.):</u>				

## Coverages / Limits of Liability

Policy Form:	Coverage Limits Requested	Deductibles:
<input type="checkbox"/> HO-3	Dwelling: \$	AOP Deductible: \$
<input type="checkbox"/> HO-4	Other Structures: \$	Wind/Hail Deductible: ___% OR \$ _____
<input type="checkbox"/> HO-5	Personal Property: \$	Water Damage Deductible: \$
<input type="checkbox"/> HO-6	Loss Of Use: \$	Theft Deductible: \$
<input type="checkbox"/> HO-8	Loss Of Rents: \$	Other Deductible: \$
<input type="checkbox"/> DP-1	Liability: \$	Other Deductible: \$
<input type="checkbox"/> DP-3	Medical Payments: \$	Other Deductible: \$

## Underwriting Information (must be completed entirely)

<b>Protection Class:</b>		<b>Fire Department:</b>	
Distance to Fire Hydrant: _____ Feet		<input type="checkbox"/> Paid	<input type="checkbox"/> Volunteer
Distance to Fire Department: _____ Miles		<input type="checkbox"/> Combination Paid & Volunteer	
Is the risk accessible year round to emergency vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No – if no, please provide details in comment section			
Is the driveway and/or road plowed & maintained: <input type="checkbox"/> Yes <input type="checkbox"/> No – if no, please provide details in comment section			
<b>Occupancy:</b>			
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Secondary with Rental <input type="checkbox"/> Rental <input type="checkbox"/> Builders Risk <input type="checkbox"/> Vacant <input type="checkbox"/> Unoccupied			
If rented, what is the minimum # of days rented per tenant:		If Vacant, how long has the risk been vacant:	
If rented, what is the estimated number of days rented annually:			
<b>Construction:</b> <input type="checkbox"/> Frame/Stucco <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> EIFS <input type="checkbox"/> Log <input type="checkbox"/> Other – Specify:			
<b>Foundation:</b> <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Concrete Block <input type="checkbox"/> Pilings/Stilts <input type="checkbox"/> Other – Specify			
Year Built:	Square Footage:	# of Families:	# of Stories:
			<b>HO4/HO6:</b> How many Floors in Building: What floor is the unit on:
Was the dwelling gutted & completely remodeled: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:			

<b>Roof Type:</b> <input type="checkbox"/> Comp <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Metal <input type="checkbox"/> Other – Specify:					
<b>Hip Roof:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Age of Roof:</b>		<b>Date of Roof update:</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial	
<b>Electrical System:</b> <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses # of Amps:			<b>Date of Electrical Update:</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial		
<b>Does the dwelling Include any Knob &amp; Tube Wiring:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Does the dwelling include any Federal Pacific Stab Lok Breakers:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Does the dwelling include any Aluminum Wiring:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Plumbing System:</b> <input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Iron			<b>Date of Plumbing update:</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial		
<b>Heating System:</b> <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other – Specify					
<b>Date of update:</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial					
<b>Protective Devices:</b> <input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Low Temp <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Interior Sprinklers					
<input type="checkbox"/> Dead Bolts <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Motion Detection <input type="checkbox"/> CO Detectors					
<b>Loss History: (include all losses within last 5 years regardless of location whether or not paid by insurance)</b>					
<b>Loss Date:</b>	<b>Loss Type:</b>	<b>Description of Loss:</b>	<b>Amount Paid:</b>	<b>Open/Closed</b>	<b>Unrepaired Damage</b>
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Liability Considerations: (check all that apply)</b>					
<b>Business Conducted On Premises:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Is the dwelling For Sale:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, Explain:</b>			<b>Listed with Realtor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Is the Dwelling undergoing any renovations:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Is the dwelling rented to students:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are there any animals on premises:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Is there any supplemental heating device:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Type: Breed: Bite History:</b>			**supplemental heating questionnaire required		
<b>Is the dwelling on the National Historic Register:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Is there a swimming Pool:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Fenced <input type="checkbox"/> Unfenced <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide		
<b>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:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>OPTIONAL COVERAGES / ENDORSEMENTS (not all requested coverages may be provided – subject to underwriting review)</b>					
<b>Personal Property Replacement Cost</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Mandatory Evacuation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Special Personal Property All Risk Coverage C</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Personal Injury</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Extended Replacement Cost Dwelling:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Water Back Up &amp; Sump Pump Over Flow:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 125% <input type="checkbox"/> 150%			<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000		
<b>Increased Special Limits (All)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Special Computer Coverage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Increased Special Limits (Jewelry/Watches/Furs)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>HO6 All Risk Coverage A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Vandalism &amp; Malicious Mischief</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Builders Risk – Theft</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Vacation Home Rental Coverage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Builders Risk – Extended Coverages</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Loss Assessment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Earthquake</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Earthquake Zone</b>		
<b>Home Service Protection (Equipment Breakdown)</b> <input type="checkbox"/> Opt Out			<b>Identity Recovery (Identity Fraud)</b> <input type="checkbox"/> Opt Out		
<b>Included on all Coverage Forms &amp; Occupancies</b>			<b>Included on all risk EXCEPT LLC, Corp, Trust, Or Estate Risks</b>		
<b>Service Line Protection</b> <input type="checkbox"/> Opt Out					
<b>Included on all risks EXCEPT HO4/HO6 Risks</b>					
<b>Additional Information/Comments:</b>					

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 THE INFORMATION 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: \_\_\_\_\_