

HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
03/18/2022

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No): Test Company 123 Main Street San Francisco, CA 94114 CODE: SUBCODE: AGENCY CUSTOMER ID		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) JOHN SMITH 1234 SENSIBLE STREET WINTER PARK, FL 32789 DATE AT CURR RES CO/PLAN 04/01/2022 04/01/2023 EFFECTIVE DATE EXPIRATION DATE 04/01/2022 04/01/2023		NAIC CODE FACILITY CODE POLICY # HOME PHONE # DAY EVE DAY EVE	
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APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)		YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)					
			12345 EASTER PLACE TAMPA, FL 33626					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
PHYSICIAN							02/10/66	
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
PHYSICIAN							11/15/65	
HOW LONG HAVE YOU KNOWN THE APPLICANT?			DATE AGENT LAST INSPECTED PROPERTY:					

COVERAGES/LIMITS OF LIABILITY

PREMIUM

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$
DP3	\$ 188,000	\$ 18,800	\$ 10,000	\$ 30,000	\$ 500,000	\$ 10,000	DEPOSIT	\$
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL PERIL	\$1,000	<input checked="" type="checkbox"/> WIND/HAIL	2%	THEFT	NAMED HURRICANE *	BALANCE	\$

* Not Applicable in NC

ENDORSEMENTS

<input checked="" type="checkbox"/> REPLACEMENT COST DWELLING	<input checked="" type="checkbox"/> REPLACEMENT COST CONTENTS	ENTER OTHER ENDORSEMENT(S):
PLS INCL COVERAGE FOR SINKHOLE		

PAYMENT PLAN

ACCOUNT #:	MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input checked="" type="checkbox"/> FULL PAY
<input type="checkbox"/> AGENCY BILL	<input checked="" type="checkbox"/> BILL MORTGAGEE	

RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
<input checked="" type="checkbox"/> MASONRY	VINYL SIDING	2002		\$	<input type="checkbox"/> DWELLING <input checked="" type="checkbox"/> TOWNHOUSE	<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> COC			
<input type="checkbox"/> MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	<input type="checkbox"/> APART <input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> SECONDARY	COMP. DATE:			
<input type="checkbox"/> FIRE RES		1,272		\$	<input type="checkbox"/> CONDO <input type="checkbox"/> CO-OP	<input type="checkbox"/> SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	PART COMP YEAR
			5	< 100 FT	< 5 MI	SYSTEM SMOKE TEMP BURGLAR	PRIMARY:		PLUMBING	
						CENTRAL	SECONDARY:		HEATING	
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER		DIRECT	HOUSEKEEPING CONDITION		LOCAL			ROOFING	
									EXTERIOR PAINT	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		YES NO	YES NO	YES NO		YES NO	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	DEADBOLT	FIRE EXT	INDOORS	OUTDOORS	SWIMMING POOL	APPROVED FENCE DIVING BOARD SLIDE	WINDSTORM LOSS MITIGATION FEATURES		
<input type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> OWNER <input type="checkbox"/> UNOCC	<input type="checkbox"/> FIRE EXT	<input type="checkbox"/> VISIBLE TO NEIGHBORS	<input type="checkbox"/> ABOVE GROUND ON MASONRY FLOOR	<input type="checkbox"/> ABOVE GROUND NOT ON MASONRY FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> ABOVE GROUND IN - GROUND			
<input type="checkbox"/> WITHIN FIRE DIST	<input checked="" type="checkbox"/> TENANT <input type="checkbox"/> VACANT									
<input type="checkbox"/> WITHIN PROT SUBURB										
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES NO		CLASS SPEC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		RESISTIVE	OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:			RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)			
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	LIGHTNING PROTECTION		PARTIAL	CHIMNEYS	PRE-FAB		
SQ FT	SQ FT	SQ FT				FULL	HEARTHES	WOOD STOVE INSERT		

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)		<input checked="" type="checkbox"/>	14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)		<input checked="" type="checkbox"/>
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)		<input checked="" type="checkbox"/>			
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		<input checked="" type="checkbox"/>			
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	<input checked="" type="checkbox"/>				
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		<input checked="" type="checkbox"/>		RENTERS AND CONDOS ONLY:	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		<input checked="" type="checkbox"/>	15. IS THERE A MANAGER ON THE PREMISES?		<input checked="" type="checkbox"/>
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>	16. IS THERE A SECURITY ATTENDANT?		<input checked="" type="checkbox"/>
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		<input checked="" type="checkbox"/>	17. IS THE BUILDING ENTRANCE LOCKED?	<input checked="" type="checkbox"/>	
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		<input checked="" type="checkbox"/>	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		<input checked="" type="checkbox"/>
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet			19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		<input checked="" type="checkbox"/>
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		<input checked="" type="checkbox"/>	20. IS HOUSE FOR SALE?		<input checked="" type="checkbox"/>
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		<input checked="" type="checkbox"/>	21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		<input checked="" type="checkbox"/>
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		<input checked="" type="checkbox"/>	22. IS THERE A TRAMPOLINE ON THE PREMISES?		<input checked="" type="checkbox"/>
			23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		<input checked="" type="checkbox"/>
			24. ANY LEAD PAINT HAZARD?		<input checked="" type="checkbox"/>
			25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		<input checked="" type="checkbox"/>
			26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		<input checked="" type="checkbox"/>

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

ADDITIONAL INTEREST

INT #	<input checked="" type="checkbox"/> MORTGGE <input type="checkbox"/> ADDL INT	NAME AND ADDRESS	LOAN NUMBER
		SENSIBLE CO, PO BOX 12345, ATLANTA, GA 30362	0233123456

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS		PHOTOGRAPH	RECREATIONAL VEHICLE APP
STATE SUPPLEMENT(S) (If applicable)		SOLID FUEL SUPPLEMENT	WATERCRAFT APPLICATION
INLAND MARINE APPLICATION		PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION
REPLACEMENT COST ESTIMATE		PERS EXCESS/UMBRELLA APP	HOME BASED BUSINESS SUPP

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	EXPIRATION DATE	<p>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.</p> <p>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.</p>
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		
APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.		
<p>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 IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p>		
<input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)		
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)</p>		
<p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION 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.</p>		
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
		NATIONAL PRODUCER NUMBER