



PLEASE SEND COMPLETED QUESTIONNAIRE TO: HOMEOWNERS@ISCMGA.COM

Producer Name: \_\_\_\_\_ Insured Name: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_  
Producer Email: \_\_\_\_\_ Insured Phone: \_\_\_\_\_  
Producer Phone: \_\_\_\_\_ Location Address: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
(If different from location address)

## PROPERTY INFORMATION

<b>Occupancy:</b>	Primary Seasonal and or Secondary Rental/Tenant Occupied Occupied Renovation	Builder's Risk Vacant Renovation Vacant	<b>Type of Property:</b>	HO3 HO6 HO8	DP3
-------------------	---	---	--------------------------	-------------------	-----

COVERAGES		DWELLING INFO	
Building	\$	Year Built	
Other Structure	\$	Construction Type	
Personal Property	\$	Square Footage	
Loss of Use/Rental Value	\$	Number of Families	
Liability	\$	Roof Type	
Personal Injury	\$	Roof Geometry	
Medical Payments	\$	Protection Class	
Deductible	\$		

UPDATES	PARTIAL	FULL	NONE	DATE
Roof				
Wiring				
Plumbing				
Heating				

OPTIONAL COVERAGES			
Water Backup		Replacement Costs on Personal Property	
VM&M		Extended Replacement Cost	
Loss Assessment			
Earthquake Coverage			
ID Fraud			
Ordinance			
Swimming Pool Liability*			
Mold Coverage			

\*Only available up to \$500k

PROTECTIVE DEVICES	
Central Burglar Alarm	
Central Fire	
Gated Community	
Sprinklers	

## LOSS HISTORY

Date of Loss	Amount of Loss	Type of Claim	Description of Loss	Open/Closed	Repairs Made

## ELIGIBILITY

1. Has the property to be insured and/or the individual or entity to be insured incurred a loss within the past three (3) years?
2. Did the prior carrier cancel or non-renew? (Not applicable to MO applicants)  
If "Yes", explain why \_\_\_\_\_
3. Has there been any lapse in coverage  
If "Yes", explain why \_\_\_\_\_
4. Has any individual or entity that has insurable interest in the property to be insured declared bankruptcy, been foreclosed upon, or incurred a lien/judgment within the past five (5) years?
5. Has any applicant or other person with financial interest in the property to be insured been indicted for or been convicted at any time of any degree of the crime of arson, bribery, fraud, money laundering, or tax evasion?
6. Is the property to be insured a rooming house/boarding house/student housing or fraternity/sorority housing/hotel/motel or a bed and breakfast?
7. Is the property to be insured a manufactured or mobile home?