



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

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



HOMEOWNERS APPLICATION

ELIGIBILITY CONTINUED

8. Is the property to be insured on a farm or over 10 acres?
9. Is the property to be insured a historical building?
10. Are there manufacturing operations taking place at the insured property?
11. Does the property to be insured have a wood shake roof?
12. Does the property to be insured have knob & tube wiring/aluminum wiring/fuses/less than 100amp circuit breakers or Federal Pacific/Stab Lok Breaker?
13. Does the property have any PEX, galvanized, lead or polybutylene plumbing?
14. Does the property to be insured have kerosene/paraffin or portable space heaters?
15. Is there a woodstove on premises?
If "Yes", is it a primary heat source?
16. Does the property to be insured have any existing damage?
17. If renovation work is taking place, does it involve any of the following; foundation work, demolition, underpinning, lead, asbestos, pollutant abatement?
18. Is the property to be insured scheduled for demolition?
19. If there is any structural renovation work taking place, is it being performed by a licensed contractor carrying \$1m coverage?
20. Is the property or properties to be insured subject to more than 2 mortgages?
21. Is the property a short-term rental/vacation rental?
22. Do all rentals require a 2-night minimum, have a written contract in place and a security deposit?
23. Do you or any Tenant that occupies the premises own any animals?
If "Yes", Type _____ Breed _____ Bite History _____
24. Is business conducted on the premises including Day Care?
25. Is there a swimming pool?
If "Yes", is the pool fenced with a self-locking gate, or does it have a hard-top automatic pool cover?
26. Are there any Docks at the property to be insured?

ADDITIONAL INTEREST

List all companies to be named as Additional Insured, Mortgagee, or Loss Payee

Name	Address	Type of Interest	Reference Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DECLARATION

By evidence of my signature, I declare that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and give my consent to such inspection.

Producer's Signature _____ Date _____

Printed Name _____

Applicant's Signature _____ Date _____

Printed Name _____