



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

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?