



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 any 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 _____