

HIGH VALUE HOME APPLICATION

APPLICANT'S INFORMATION

1. Effective Date: _____
2. Brokerage/ Broker: _____
3. Primary Named Insured: _____
4. Secondary Named Insured: _____
5. Mailing Address:
Street (Line 1): _____
Street (Line 2): _____
City: _____ State: _____ Zip: _____
6. Dwelling Address: ☐ Check if same As Mailing Address. If not provide additional information below:
Street (Line 1): _____
Street (Line 2): _____
City: _____ State: _____ Zip: _____
7. What is the building construction material?
☐ Frame ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible
☐ Fire-Resistive ☐ Other: _____
8. Year Constructed: _____ Square Footage: _____ Number of Stories: _____
9. Roofing material type:
☐ Asphalt Composition ☐ Wood Shingle ☐ Single Ply Membrane
☐ Screw Down Metal ☐ Normal Shingle (55 mph) ☐ Rated Shingle (110 mph)
Tile: ☐ Clay ☐ Concrete ☐ Other: _____
10. Age of Roof: _____
11. Protection class: _____
12. Protection Devices: ☐ Central Station Fire Alarm ☐ Central Station Burglar Alarm ☐ Sprinkler
☐ Hard-wired Smoke Detectors ☐ Gated Community
13. Improvements/ Updates: ☐ HVAC Year: _____ ☐ Electrical Year: _____ ☐ Plumbing Year: _____
☐ Roof Year: _____ ☐ Other: _____
14. Primary use of dwelling: ☐ Primary Residence ☐ Secondary Home ☐ Seasonal Home
☐ Rental ☐ Vacant ☐ Other: _____
15. Replacement cost of dwelling: _____

REQUESTED LIMITS

16. Dwelling Value (Coverage A): _____
17. Other Structures Value (Coverage B): _____
18. Contents (Coverage C): _____
19. Extra Living Expenses (Coverage D): _____
20. Liability (Coverage E): _____
21. Medical Payments (Coverage F): _____
22. Requested Valuation: ☐ Replacement Cost ☐ Actual Cash Value

ADDITIONAL INFORMATION

23. Does the Applicant(s) currently have insurance? Yes ☐ No ☐
24. Is this home a new purchase? Yes ☐ No ☐
25. Are there any business operations being conducted at this location? Yes ☐ No ☐
26. Are there any short term rentals (less than 12 months) or any home sharing services offered? Yes ☐ No ☐
27. Are there any additional structures on the premises used as dwellings? Yes ☐ No ☐
If "Yes": A separate supplemental will need to be completed for that structure for it to be considered on this policy.
28. Does the home have impact glass? Yes ☐ No ☐
29. Does the home have storm shutters? Yes ☐ No ☐
30. Does the Applicant own any recreational vehicles? Yes ☐ No ☐
31. Does the Applicant own any watercraft? Yes ☐ No ☐
32. Has the home suffered a property loss within the last five (5) years? Yes ☐ No ☐
33. Has the Applicant suffered a liability loss within the last five (5) years? Yes ☐ No ☐
34. Does the Applicant have custody of any animal(s) whether on or off the premises? Yes ☐ No ☐
35. Does the Applicant have a pool on the premises? Yes ☐ No ☐
36. Has there been any construction on the premises within the last thirty (30) days? Yes ☐ No ☐
37. Will there be any construction taking place on the premises during the policy period? Yes ☐ No ☐
38. Does the home have Federal Pacific or Zinsco/ GTE- Sylvania electric panels, knob and tube or aluminum wiring? Yes ☐ No ☐
39. Does the home have any polybutylene piping? Yes ☐ No ☐
40. Does the Applicant have a live-in housekeeper for this location? Yes ☐ No ☐
41. Will there be Additional Insureds on the policy? Yes ☐ No ☐

Name and Address of Person or Organization _____
Interest _____

Name and Address of Person or Organization _____
Interest _____



42. Will there be Additional Interests on the policy?

Yes ☐ No ☐

Name _____ Address _____

Description of Interest _____

Effective Date of Interest _____

Name _____ Address _____

Description of Interest _____

Effective Date of Interest _____

FRAUD WARNING

NOTICE TO ALASKA, ARIZONA, CONNECTICUT, DELAWARE, GEORGIA, HAWAII, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

