## **HO - Application**

Primary Named Insure	ed Informati	on							
Name:				Address:					
City:			State:		Zip:		County		
Years at address:		Marita	l Status			0	ccupation		
Phone:			E-mail:						
SS#:			DOB:			License#			
Spouse Information (I	f Any)								
Spouse's Name:				SS#:			DOB:		
Spouse's Occupation:									
Dwelling Information									
Year Built:	Square Ft:		Style:		# Units:		Construction	on:	
Foundation:			# of Stories:		. Who C	occupies th	is home?		
Dwelling Type:			# of BR:				# of Bath:		
# 1/2 Bath:		_	#Garages:			Ga	rage Type:		
Roof Type:			Roof Year:				Fuel Type:		
Date when home was p	urchased:			Mil	es from nea	arest fire de	epartment:		
Is home a Row, Twin or	Single?				Distance	e (in feet) to	o nearest fire	e hydrant:	
# of single fireplaces:		# c	of double fire	places:		# of	hot tubs or	Jacuzzis:	
	<u>In</u>	dicate the ye	ear of most	recent upo	date for the	following	<u>:</u>		
Electrical:	-	Roof:			Plumbing:		Heating	& Cooling:	
% of Finished Attic:		_ % of	Finished Ba	sement:		Air Con.	duct type:		
Type of attached porch:	:				Squar	e footage o	of the attache	ed porch:	
Coverage Information									J
Current replacement va	ılue:			Personal	Property Co	verage \$			
Requested Deductible a	amount:				Medical Pa	yment \$			
Personal Liability:	25000	] [	50000		100000		300000		500000
Value of all personal pro	operty (i.e., o	contents), exc	cluding comp	outers, soft	ware, and d	ata:			
Mortgage Information									
Name of Lender:									
Address:				City:		State:		Zip:	
2nd Mortgage Lender:									
						State:		7in·	
				-					
Is there a Co-Signer on	ine Mortgag	je	YES	NO		Equity line	or creait?	YES	NO

## **HO - Application - Continued**

Current Insurance Information			
Current Insurance Company:	Current Exp Date:		
Policy Premium:	Effective Date of new policy:		
Eligibility Questions			
Answer "Yes" or "No" for each question be	low	YES	NO
Do you want Excess Liability coverage?			
Do you want Excess Liability coverage?			
Do you want Mold coverage?	If so, how much?		
Do you want home-based business coverage?			
Do you want Home Child Day Care coverage?			
Do you want Workers' Compensation coverage			
Do you have any watercraft/yachts?			
Carry flood insurance on this residence?			
Roof been updated within the past 25 years?			
Is home a "Log Home built prior to 1980?			
Is home constructed with asbestos building maknob tube or aluminum wiring?	terials (including roof materials) or		
Home exposed to any wave crash, cave in, sin	k hole or landslide loss exposure?		
Has there been more than one (1) property los (including catastrophic losses)?	s in the past (3) years		
House in course of construction?			
Are there any open foundations, piers, stilts or	pilings?		
Any animals with a bite history?			
Any underground fuel tanks or unfenced swimr	ning pools?		
Ever convicted of vehicular homicide?			
Do you have a Burglar alarm?  If yes, what type?			
Is there smoke detector on every floor (excludi	ng basement or attic)?		
Is there a Sprinkler system?  If yes, what type?			
Any specialty items and/or built-ins in the home	9?		
Home within a controlled access complex with a fence and 24 hour security?			
Any horses and/or livestock kept on premises?			
Any ATV or Snowmobiles used by insured?			
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## **HO - Application Continued**

Eligibility Questions		
Answer "Yes" or "No" for each question below	YES	NO
Any vicious or aggressive pets, including, but not limited to Pit Bulls, Rottweilers, Presa Canario breeds?		
Is house within 250 feet of a commercial or non-residential property		
Was this home purchased as a short sale?		
Insurance been cancelled or non-renewed within the past (5) years?		
Any Homeowners Insurance claims/incidents in the past (5) years?		
Ever owned a home or condominium, in the past or present, that was not insured?		
Is home located in a homeowners association?		
Is this a Historic home?		
Is plumbing system with polybutylene, lead or galvanized steel pipes?		
Is the local/responding fire department is a "Volunteer Fire Department?  Name of local/responding fire department:		
Is there an alternate water source (e.g. lake, pond, private water source, pumper truck)?  If yes, what type?		
Any Windstorm protective devices?  If yes, what type?		
Do you have a Fire Alarm?  If yes, what type?		
Above ground swimming pool?		
In-ground swimming pool?		
Swimming pool fenced in?		
Do you have any trampolines?		
Is home a mobile home?		
Deadbolt locks?		
Fire extinguisher?		
Is the dwelling vacant?		
Any dogs on premises?		
Is house up for sale		
Fax completed form to: 253-252-8754 or e-mail it to: Processing@PhoneOpsFun	nding.com	