

Applicant		Occupation		Employer		Date of Birth	
Mailing Address		City/State/Zip		County			
Insured Location (if different than mailing address)		City/State/Zip		County			
Inspection Contact			Phone Number				
Producer Name			Phone Number				
Prior Carrier		Expiration Date		Expiring Premium		Effective Date (of this policy)	
If prior carrier, or a previous carrier, has cancelled or non-renewed, please explain why?							
If the insured has not carried insurance within the last 12 months please explain why?							
Within the last 5 years has the applicant had a <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession							
Mortgagee (Name/Mailing Address Including Zip Code)				Loan #			
Mortgagee (Name/Mailing Address Including Zip Code)				Loan #			
Additional Insured (Name/Address/City/State/Zip)				Describe Interest			

COVERAGES/LIMITS OF LIABILITY

Policy Form	Dwelling/ (A&A HO-6)	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments (1,000 provided)
<input type="checkbox"/> HO-3 <input type="checkbox"/> HO-4 <input type="checkbox"/> HO-6 <input type="checkbox"/> DP-3	Loss Assessment \$	Ordinance or Law (10% provided) <input type="checkbox"/> 25% <input type="checkbox"/> none	AOP Deductible	Wind/Hail Deductible % <input type="checkbox"/> Exclude		Other Deductible

RATING INFORMATION

Territory #	Protection Class # (if PC 9/10, please use supplemental app)	Distance to Fire Hydrant: _____ feet	Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Occupancy <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builders Risk (requires supplemental app) <input type="checkbox"/> Vacant			
Construction <input type="checkbox"/> Frame/Stucco <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> EIFS <input type="checkbox"/> Log (requires supplemental app)			
Construction Style <input type="checkbox"/> Ranch <input type="checkbox"/> Cape <input type="checkbox"/> Colonial Other: _____		Year Built	Square Footage
Roof Type <input type="checkbox"/> Comp <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate Other: _____		Foundation Type <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Concrete Block <input type="checkbox"/> Pilings/Stilts	
Protective Alarms/Devices <input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Local Fire <input type="checkbox"/> Local Burglar <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Interior Sprinklers			
Market Value \$	Dwelling for Sale? <input type="checkbox"/> Y <input type="checkbox"/> N	On Nat'l Historical Register? <input type="checkbox"/> Y <input type="checkbox"/> N Tours? <input type="checkbox"/>	Vacant? (If yes, DP-3 Policy Form applies). <input type="checkbox"/> Y <input type="checkbox"/> N Since what date? _____
If HO4/6, How many floors in the building?		On which floor is the unit?	How many units in the building?
Update Information (required if home >25 years old)		Was home completely gutted and remodeled? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what Year?	
Roof <input type="checkbox"/> Part. <input type="checkbox"/> Comp. _____ Year	Wiring <input type="checkbox"/> Part. <input type="checkbox"/> Comp. _____ Year	Heating <input type="checkbox"/> Part. <input type="checkbox"/> Comp. _____ Year	Plumbing <input type="checkbox"/> Part. <input type="checkbox"/> Comp. _____ Year

LOSS HISTORY

Note: Loss History includes all losses within the last 3 years regardless of location and any loss greater than \$1,000,000 regardless of location or date.

Date	Type of Loss	Cause	Amount	Preventative Measures

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

Eligible for the Wind pool? [] Y [] N	Distance to Ocean/Bay/Gulf: _____ Miles _____ Feet
Windstorm Mitigation [] Hip Roof [] Roof Straps [] Protective Glass [] Metal Electronic Shutters [] Metal Manual Shutters [] Plywood Shutters	
Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or within the last 5 years? [] Y [] N	
Is there a trampoline on premises? [] Y [] N	Daycare conducted on premises? [] Y [] N
Is there a fuel tank on premises? [] Y [] N	Is business conducted on premises? [] Y [] N
If yes, [] Underground [] Basement [] Above Ground	If yes, explain:
Do you own any animals? [] Y [] N	Is the dwelling rented? [] Y [] N
Type: _____ Breed: _____ Bite History: _____	If yes, how many weeks? _____ Rented to students? []
Is there a swimming pool? [] Y [] N	Is the dwelling undergoing any renovation or reconstruction? (if yes, requires supplemental questionnaire) [] Y [] N
[] Fenced [] Unfenced [] Diving Board [] Slide	Is there a woodstove on premises? [] Y [] N
Gated Community? [] Y [] N	If yes, is it a primary heat source? [] Y [] N (supplemental questionnaire required for all wood burning stoves)
Patrolled? [] Y [] N	
Caretaker? [] Y [] N	
Resident Caretaker? [] Y [] N	

OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	Yes	No	Directors & Officers Coverage	Yes	No
Special Personal Property Coverage	Yes	No	Extending Liability		
Special Computer Coverage	Yes	No	# of properties _____, occupancy _____		
Extended Replacement Cost Dwelling			if rental, how long (weekly, annual, etc.): _____		
[] 125%	Yes	No	address _____	Yes	No
Upgrade to Green Residential Endorsement	Yes	No	Watercraft Liability		
LexElite Eco-Homeowner	Yes	No	Engine Type: [] Inboard [] Outboard		
Personal Injury	Yes	No	Length _____ feet	Yes	No
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No	Increased Limits on Business Property		
			If yes, [] \$10,000 [] \$25,000	Yes	No
Increased Special Limits (all)	Yes	No	Golf Cart Coverage		
Water Back Up and Sump Pump Overflow			# of carts _____ value _____ year _____		
[] \$5,000 [] \$10,000 [] \$25,000	Yes	No	make _____ model _____ serial # _____	Yes	No
Family Security Endorsement	Yes	No	Include Liability for Golf Carts	Yes	No
Identity Fraud	Yes	No	HO6 All Risk Coverage A	Yes	No

Earthquake Coverage [] Y [] N	EQ Zone	EQ Territory
If yes, [] Standard [] Deluxe		

ADDITIONAL COMMENTS

NOTICE TO APPLICANTS: 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, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

PRODUCER'S SIGNATURE: _____ DATE: _____

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

APPLICANT'S SIGNATURE: _____ DATE: _____

FLORIDA DISCLOSURE NOTICE - HOMEOWNERS INSURANCE
REPLACEMENT COST COVERAGE AND ORDINANCE OR LAW COVERAGE
(NOT APPLICABLE TO FORMS HO 00 04 AND HO 00 06)

NO COVERAGE IS PROVIDED BY THIS DISCLOSURE NOTICE NOR DOES THIS NOTICE REPLACE ANY PROVISION OF YOUR POLICY. YOU SHOULD READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES YOU ARE PROVIDED. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS NOTICE THE PROVISIONS OF THE POLICY SHALL PREVAIL.

FLORIDA Insurance law requires that insureds who buys a Homeowners Insurance policy, which is not written on a Form HO 00 04 or HO 00 06, must be offered the opportunity to buy Replacement Cost coverage for their home and other building structures.

FLORIDA Insurance law further requires that if the Homeowners Insurance policy automatically provides, or if the insured accepts the offer to buy, Replacement Cost coverage, Ordinance or Law coverage must also be offered for the dwelling and other building and non - building structures for a minimum additional amount of 25% of the limit applying to the dwelling or condominium - unit.

ABOUT REPLACEMENT COST COVERAGE

If Replacement Cost coverage is included or added to the Homeowners policy, loss settlement will be based on the cost to repair or replace the house, condominium - unit or other building structure damaged or destroyed by a covered peril with like construction, subject, of course, to policy limits. No deduction for depreciation will be applied.

To qualify for this favorable method of loss settlement, certain conditions must be met. These are explained in the policy under the Loss Settlement condition; or if you have Form HO 00 08, the optional Replacement Cost coverage endorsement.

Note that loss settlement for non - building structures will be based on the actual cash value of the damaged or destroyed structure, not the Replacement Cost.

ABOUT ORDINANCE OR LAW (BUILDING CODE UPGRADE COVERAGE)

If Ordinance or Law coverage is included or added to the Homeowners policy, loss payment will also include the increased costs you incur to repair the damaged structure, or to construct a replacement structure, in order to comply with the enforcement of any local, state or federal law, ordinance or regulation affecting repair or construction of such structures. Loss payment will be subject to either the Replacement Cost or Actual Cash Value loss settlement, whichever apply.

Ordinance or Law coverage does not provide payment for any loss in value to covered property because of building or land use codes; **NOR** does it cover the costs incurred to clean up or respond to a pollutant on covered property UNLESS the pollutant is a direct result of damage to covered property by a specified covered peril.

Refer to the Ordinance or Law provisions in the policy for complete details.

The following briefly outlines which of these coverages, and to what extent they are:

1. automatically included in the Homeowners policy you requested or are renewing; or
2. available for an additional premium charge.

Replacement Cost - Your Homeowners policy automatically provides coverage for the cost to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the Loss Settlement Condition found in the policy.

If you do not meet these requirements, you may NOT be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

Ordinance or Law - Your Homeowners policy automatically provides coverage for building code upgrade for an amount equal to 10% of the coverage A limit. You may, however, buy up to a maximum of 25% of the coverage A limit. If you want a greater amount of coverage, contact your insurance representative.

If you do NOT want this additional coverage, please read, sign and date the enclosed REJECTION FORM and return it to your insurance representative. If you don't return the completed Form to us within **10 days**, we will endorse the coverage on to your policy and charge you the additional premium.

If you decide to reject this coverage now, you can request it at anytime this policy, or a renewal policy, is in force. If you do, coverage will not become effective during a storm or hurricane or during the time a storm or hurricane watch or warning is issued by the National Weather Service and for 72 hours after that watch or warning is canceled

ORDINANCE OR LAW - REJECTION OF INCREASED AMOUNT OF COVERAGE

I have read the Disclosure Notice about the above noted coverage and have decided that I DO NOT WANT THE COVERAGE THAT YOU OFFERED TO ME.

I understand that by rejecting this offer, it need not be repeated for three years from the date of my rejection.

I also understand that I can request this coverage at any time this policy, or a renewal policy, is in force and, if I do, coverage will not become effective:

1. when a storm or hurricane watch or warning is issued for the State of Florida by the National Weather Service;
2. during a storm or hurricane; and
3. for 72 hours after the storm or hurricane watch or warning is canceled by the National Weather Service.

Name Insured(s) _____
Insured Signature

Print Name of Insured

Date

Producer's Signature

Date



P.O. Box 2909 • Jacksonville, Florida 32203-2909
(800) 342-2498 • Fax (904) 355-7611
www.shellyins.com