

Applicant	Social Security #	Occupation	Date of Birth
Your date of birth		Spouses date of birth	
Mailing Address	City/State/Zip		County
Insured Location	City/State/Zip		County
Producer Name Email Address	Agent License #	Phone Number	
Prior Carrier	Expiration Date	Expiring Premium	Effective Date of this policy
Within the last 5 years has the applicant had a <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession			
If prior carrier non-renewed, why?			
If the insured has not carried insurance within the last 12 months please explain why?			
Has Schedule coverage ever been cancelled or denied. <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain why?			
Additional Insured (Name/Address/City/State/Zip)			

Please indicate the total amount of coverage requested by category:								
#	Property	Limit Requested	#	Property	Limit Requested	#	Property	Limit Requested
1	Jewelry		4	Musical Instruments		10	Fine Arts	
	Men's			Private Use			Limited Brkg	
	Women's			Professional Use			Full Brkg	
	In -Vault		5	Silverware		11	Guns/Firearms	
2	Furs		6	Golfer's Equipment		12	Bicycles	
3	Cameras		7	Golf Carts		13	Miscellaneous	
	Private Use		8	Stamps				
	Professional Use		9	Rare Coins				

DWELLING INFORMATION

County	Territory #	Protection Class (if PC 9 & 10 please use supplemental application)
Construction Type: <input type="checkbox"/> Frame/Stucco/ EIFS <input type="checkbox"/> Brick/Stone/Masonry <input type="checkbox"/> Superior		Year Built
Occupancy Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
Type of Roof: <input type="checkbox"/> Comp <input type="checkbox"/> Metal <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other		How long has the insured lived in the home?
Foundation Type: <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Concrete Block <input type="checkbox"/> Pilings/Stilts		Is the dwelling vacant > 30 days
Is dwelling within 1 mile of the seacoast <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, are there storm shutters
Protective Devices <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Motion Detector <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Deadbolts <input type="checkbox"/> Interior Sprinklers		
Dwelling Insurance Carrier		Coverage A limit \$

UNDERWRITING INFORMATION

Is there a safe in the residence? Specify Below Wall Safe Freestanding Under floor	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No	Is dwelling located in a gated community	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
Is the property protected by any other means Description _____	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No	Is the community patrolled	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
Is dwelling used professionally / commercially	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No	If the residence is not a primary, Is there a caretaker	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
Dwelling / Unit within Downtown City Limits	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No	Are any items loaded to museums or on exhibit	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
Is any professional equipment stored off premises	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No	Any jewelry with unset, damaged stones	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No

Any paid / non-paid caretakers / housekeepers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any in-vault items removed from the vault # of times	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Travel for more than 30 days at a time with items	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you or any member of your household been Convicted of arson, dishonesty or theft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If apartment or condominium is the unit located on the first floor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Animals on the Premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are items kept away from the listed premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:		
Are any items kept outside the USA for more than one month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has any of the property been previously damaged	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any items worn by anyone besides a household member	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please describe in the loss history section of the application.		
Any articles at a student's dorm or apartment	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is business conducted on premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a wood stove on premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the home undergoing any self construction or remodeling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			If yes, please explain		
Have you had any previous loss, theft or damage to any scheduled item either claimed or unclaimed. If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you attempted to sell within the past year or intend to sell any of the scheduled items? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LOSS HISTORY- MUST BE FILLED OUT COMPLETELY

Date	Type of Loss	Cause	Amount	Preventative Measures

Additional Information/ Comments

NOTICE OF INSURANCE INFORMATION PRACTICES: Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

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 OF THE THIRD DEGREE."

IMPORTANT ADDITIONAL NOTICES:

1. This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.
2. A 25% Minimum Earned Premium is due at the time of binding and will not be returned, for any reason, if this policy is cancelled. No flat cancellations.

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: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

