

Applicant	Occupation	Employer	Date of Birth
Mailing Address	City/State/Zip		County
Insured Location	City/State/Zip		County
Producer Name Email Address	License #	Phone Number	
Prior Carrier	Expiration Date	Expiring Premium	Effective Date of this policy
Within the last 5 years has the applicant had a Foreclosure Bankruptcy 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. 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: Frame/Stucco/ EIFS Brick/Stone/Masonry Superior	Occupancy Type: Primary Secondary	Year Built
Type of Roof: Comp Metal Shake Tile Slate Other	How long has the insured lived in the home?	
Foundation Type: Concrete Slab Concrete Block Pilings/Stilts	Is the dwelling vacant > 30 days	
Is dwelling within 1 mile of the seacoast Y N	If yes, are there storm shutters	
Protective Devices Fire Alarm Burglar Alarm Motion Detector Smoke Detector Deadbolts Interior Sprinklers		
Dwelling Insurance Carrier	Coverage A limit \$	

UNDERWRITING INFORMATION

Is there a safe in the residence? Specify Below	Yes	No	Is dwelling located in a gated community	Yes	No
Wall Safe Freestanding Under floor					
Is the property protected by any other means	Yes	No	Is the community patrolled	Yes	No
Description					
Is dwelling used professionally/commercially	Yes	No	If the residence is not a primary,	Yes	No

Dwelling / Unit within Downtown City Limits	Yes	No	Are any items loaded to museums or on exhibit	Yes	No
Is any professional equipment stored off premises	Yes	No	Any jewelry with unset, damaged stones	Yes	No
Any paid / non-paid caretakers / housekeepers	Yes	No	Any in -vault items removed from the vault # of times	Yes	No
Travel for more than 30 days at a time with items	Yes	No	Have you or any member of your household been Convicted of arson, dishonesty or theft	Yes	No
If apartment or condominium is the unit located on the first floor	Yes	No	Animals on the Premises	Yes	No
Are items kept away from the listed premises	Yes	No	Type:		
Are any items kept outside the USA for more than one month	Yes	No	Has any of the property been previously damaged	Yes	No
Are any items worn by anyone besides a household member	Yes	No	If yes, please describe in the loss history section of the application.		
Any articles at a student's dorm or apartment	Yes	No			
Is business conducted on premises	Yes	No	Is there a wood stove on premises	Yes	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 or within the last 5 years	Yes	No	Is the home undergoing any self construction or remodeling?	Yes	No
			If yes, please explain		
Have you had any previous loss, theft or damage to any scheduled item either claimed unclaimed. If yes, please explain below.	Yes	No	Have you attempted to sell within the past year or intend to sell any of the scheduled items?	Yes	No
			If yes, please explain.		

LOSS HISTORY - MUST BE FILLED OUT COMPLETELY

<u>Date</u>	<u>Type of Loss</u>	<u>Cause</u>	<u>Amount</u>	<u>Preventative Measures</u>

Additional Information/ 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:** _____



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