



Requested Effective Date:

<b>PROPOSED NAMED INSURED AND MAILING ADDRESS</b>				<b>Agency Name and Address:</b>		<b>Agency Code:</b>		
Name:				Name:				
Street:				Street:				
City:		St:	Zip:	City:		St:	Zip:	
<b>Named Insured Phone Number:</b>			<b>Agency Phone Number:</b>					
<b>Email Address:</b>			<b>Email Address:</b>					

<b>APPLICANT INFORMATION</b>							
<b>Address of Residence Premises to be Insured</b>				<b>Previous Address (if less than 3 years):</b>			
Street:							
City:		State:	Zip:	<b>Prior Carrier:</b>			
				<b>Prior pol exp date or property purchase date (new purchase):</b>			
Applicant Occupation:		Date of Birth:		Marital Status:			
Co-Applicant Occupation:		Date of Birth:		Marital Status:			

COVERAGE	LIMIT	DEDUCTIBLE	LIMIT
Coverage A - Dwelling		AOP Deductible	
Coverage B - Other Structures		Named Storm Deductible (if applicable)	
Coverage C - Personal Property		Wind/Hail Deductible (if applicable)	
Coverage D - Loss Of Use		Wildfire Deductible (if applicable)	
Coverage E - Personal Liability		Earthquake Deductible (if applicable)	
Coverage F - Medical Payments			

<b>PROPERTY CHARACTERISTICS</b>		
Year Built:	Square Footage:	Number Of Families:
Construction Type:	Occupancy:	Number Of Stories:
Roof Material:	Hip Roof:	Roof Replaced Year:
Protection Class:		
Roof Wall Attachment:	Opening Protection	Protective Device

<b>COVERAGE OPTIONS</b>		
Water Backup:	Replacement Cost Contents:	Sinkhole:
Increased Ordinance or Law:	Supplemental Loss Assessment:	Fungi (Property):
Fungi (Liability):	Personal Injury:	Identity Fraud:
Coverage C Increased Special Limits:	Extended Replacement Cost:	Fortified Roof:

<b>LOSS HISTORY</b>			
Date of Loss:	Loss Type:	Description:	Amount:



# Shelly, Middlebrooks & O'Leary, Inc.

www.shellyins.com  
Phone: 904-354-7711  
quotes@shellyins.com

Homeowners Application  
New Business

Requested Effective Date:

**In this application, "I", "you", and "applicant" refer to the Proposed Named Insured(s) shown on page 1 of this application, and their spouse, if a resident of the same household.**

Yes ___ No ___	I declare that the following statements are correct:
	No named insured has declared or filed for bankruptcy, or has been foreclosed upon, or has any liens or judgements upon them, within the past five (5) years
	No named insured has been indicted for, or has been convicted of any degree of the crime of for fraud, bribery, arson, tax evasion or money laundering
	All persons or entities listed on the policy have an insurable interest in the dwelling to be insured
	There is no physical hazard at the insured location
	There are no security bars on any of the windows at the insured location
	The dwelling and other structures at the insured location are not constructed in an unconventional design and/or material (e.g. geodesic domes, earth-covered buildings, shipping container dwellings, etc.)
	There is no farm operation(s) on the insured location, including the raising of livestock, the boarding of horses, growing and/or harvesting of crops (e.g. vineyard, etc.) etc.
	There is no day care or other business exposure at the insured location
	The residence is not a mobile or manufactured home, whether or not the dwelling is permanently fitted to a fixed foundation.
	The residence is not considered a speculation home
	The residence that is not currently listed on the National Historical registry
	The residence does not have a wood burning or similar type stove which has not been properly installed
	The residence is not a bank owned property
	The residence does not have an adverse possession present
	The residence does not have a cloud on the title
	The residence is fully accessible year-round
	The residence does not have one or more chimneys that do not include a spark arrestor and chimney cap affixed to each chimney
	The residence does not have any single Federal Pacific Electrical Stab-Lok, Challenger, or Zinsco electrical panel
	The residence does not have cast iron, galvanized steel, lead or polybutylene piping/plumbing
	The residence does not have any "live" knob and tube wiring, cloth wiring, or aluminum wiring
	The residence does not have any "live" fuses
	The residence does not have any slate roof covering, which has not been updated in the last fifty (50) years
	The residence does not have any metal or composition roof covering, which has not been updated in the last twenty-five (25) years
	The residence does not have any wood roof covering, which has not been updated in the last twenty (20) years
	The residence does not have a flat roof, which has not been updated in the last ten (10) years
	The residence does not have an Elastomeric or Atlas Chalet shingle roof covering.
	The residence does not contain any asbestos siding (Applicable only if the policy is written with any Section II coverages)
	The dwelling is not built over water.
	The residence is not vacant
	The residence has thermostatically controlled heat
	The residence does not have more than two (2) units that are attached, whether in a row or vertically
	The residence does not have land used for private or public hunting
	If the residence is a tilt-up structure, it possesses special anchors retrofitted to strengthen the connection between the walls and frame (applicable only to California locations with Earthquake coverage)
	The residence is built on a concrete/steel reinforced foundation (applicable only to California locations with Earthquake coverage)
	The hot water heater and fireplace chimney is securely bolted with metal straps or braces to the dwelling studs or foundation (applicable only to California locations with Earthquake coverage)
If the above question is answered as "No," please explain	



# Shelly, Middlebrooks & O'Leary, Inc.

www.shellyins.com  
Phone: 904-354-7711  
quotes@shellyins.com

**Homeowners Application  
New Business**

**Requested Effective Date:**

ELIGIBILITY:	
Yes ___ No ___	DOES THE RESIDENCE PREMISES HAVE ANY EXISTING DAMAGE?  DESCRIPTION:
Yes ___ No ___	IS THE RESIDENCE PREMISES IN A STATE OF DISREPAIR, DOES IT REFLECT A LACK OF MAINTENANCE, HAS IT BEEN CONDEMNED, OR IS IT LOCATED IN A CONDEMNED AREA?
Yes ___ No ___	IS THERE A SWIMMING POOL ON THE RESIDENCE PREMISES?
Yes ___ No ___	IS THE POOL PERMANENTLY FENCED, WALLED, OR SCREENED OF AT LEAST 4 FEET AND WITH A SELF-LATCHING GATE, OR (WHERE REQUIRED AND ALLOWED BY STATE OR LOCAL ORDINANCE) IS THERE NATURAL FENCING, SUCH AS TALL SHURBBERY, IN PLACE?
Yes ___ No ___	IS THE RESIDENCE PREMISES IN THE COURSE OF CONSTRUCTION OR UNDER RENOVATION?
Yes ___ No ___	WAS THE RESIDENCE PREMISES ORIGINALLY DESIGNED OR BUILT FOR OTHER THAN HABITATIONAL PURPOSES?
Yes ___ No ___	ARE THERE ANY STRUCTURES ON THE RESIDENCE PREMISES CONSTRUCTED PARTIALLY OR ENTIRELY OVER WATER?  TYPE: _____ DESCRIPTION: _____
Yes ___ No ___	IS THE RESIDENCE PREMISES OCCUPIED BY MORE THAN 1 FAMILY, OR DOES THE APPLICANT HAVE ANY ROOMERS OR BOARDERS?
Yes ___ No ___	TO YOUR KNOWLEDGE, HAS THERE EVER BEEN, ANY SINKHOLE ACTIVITY ON THE RESIDENCE PREMISES?
Yes ___ No ___	WILL THE PROPERTY BE OCCUPIED BY THE APPLICANT(S) WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS POLICY?
Yes ___ No ___	HAS THE APPLICANT(S) EVER BEEN A FIRST PARTY IN A PERSONAL LAWSUIT AGAINST AN AUTO OR HOMEOWNER'S INSURANCE COMPANY EXCEPT WHERE THE INSURED PREVAILED IN OR SETTLED THE LAWSUIT OR TO THE BEST OF YOUR KNOWLEDGE HAD AN ASSIGNMENT OF BENEFITS CLAIM THAT RESULTED IN A LAWSUIT AGAINST A PERSONAL LINES INSURANCE COMPANY?
Yes ___ No ___	HAVE ALL MAJOR SYSTEMS (PLUMBING, ELECTRICAL, HVAC) AT THE RESIDENCE BEEN UPDATED IN THE PAST 40 YEARS?

GENERAL INFORMATION:	
Yes ___ No ___	DO YOU OWN, OCCUPY, OR RENT ANY OTHER RESIDENCE?
Yes ___ No ___	IS THE RESIDENCE PREMISES FOR SALE BY THE APPLICANT?
Yes ___ No ___	ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?

MORTGAGEE(S):	
First Mortgagee Name and Address:	Second Mortgagee Name and Address:
Loan #:	Loan #:

**OTHER INTEREST(S):  
INSURABLE INTEREST:**

**Remarks:**



# Shelly, Middlebrooks & O'Leary, Inc.

Homeowners Application  
New Business

www.shellyins.com  
Phone: 904-354-7711  
quotes@shellyins.com

Requested Effective Date:

**NOTICE OF INSURANCE INFORMATION PRACTICES:**

**APPLICABLE IN ALL STATES EXCEPT AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA AND WV:**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

Applicants Initials: \_\_\_\_\_

**APPLICANT'S STATEMENT:**

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS AND I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING AND I UNDERSTAND THAT A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY.

**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.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
License Number