

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

## **Requested Effective Date:**

PROPOSED NAMED INSURED AND MAILING ADDRESS						Agency Name and Address: Agenc			y Code	:		
Named Insured Phone Numbe	r:					Agency Phone Number:					_1	
Email Address:					Email Address:							
APPLICANT INFORMATIO	N											
Address of Residence Premises to be Insured						Previous Address (if less than 3 years):						
						1						
						Prior Carrier:						_
					,	Prior policy expiration date	e or prope	r property purchase date (if new purchase):				
Applicant Occupation:			Date of Birth:			Marital Status:						
Co-Applicant Occupation:			Date of Birth:			Marital Status:	5:				-	
COVERAGE LIMIT			<b>NIT</b>			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												
PROPERTY CHARACTERI	STICS											
Year Built:				Squa	are Footage:	Number Of Fa			nilies:			
Construction Type:				Оссі	upancy:	Number Of Sto			ries:			
Roof Material:				Hip f	Roof:	Roof Replaced			Year:			
Protection Class:												
Roof Wall Attachment:			Ope	Opening Protection:			Protective Device:					
COVERAGE OPTIONS												
				Repl	Replacement Cost Contents:			Sinkhole:				
·				Supplemental Loss Assessment:		Fı	Fungi (Property):					
				Personal Injury:		ld	Identity Fraud:					
Coverage C Increased Special Limits: Exte				tended Replacement Cost:			Fortified Roof:					
LOCC HICTORY												
LOSS HISTORY					I							
Date of Loss: Loss Type:			Description:					Amou	unt:			



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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.

spouse, if a resident of the same household.							
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		OR SCREENED OF AT LEAST 4 FEET AND WITH A SELF-LATCHING GATE, OR (WHERE REQUIRED ) 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 POICY?						
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?						
CENERAL INFORMATION.							
Yes No	GENERAL INFORMATION:						
Yes No	DO YOU OWN, OCCUPY, OR RENT ANY OTHER RESIDENCE?  IS THE RESIDENCE PREMISES FOR SALE BY THE APPLICANT?						
Yes No	ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?						
	169 180 ANT GROUNTED LINE ON BUILDING CODE VIOLATIONS!						
MORTGAGEE(S):							
First Mortgagee Name and Address:			Second Mortgagee Name and Address:				
Loan #: Loan #:							
OTHER INTEREST(S): INSURABLE INTEREST: Remarks:							

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Applicant Signature Date

NOTICE OF INSURANCE INFORMATION PRA	CTICES:	Requested Effective Date:
CONNECTION WITH THIS APPLICATION FOR INSUR INFORMATION COLLECTED BY US OR OUR AGENT MAY BE USED TO HELP DETERMINE EITHER YOUR DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE HAVE THE RIGHT TO REQUEST IN WRITING THAT WAY THE RIGHT TO REQUEST IN WRITING THE RIGHT TO REQUEST IN WRITING THAT WAY THE RIGHT TO REQUEST IN WRITING THE RIGHT TO REQUEST THE RIGHT THE RIGHT TO REQUEST THE RIGHT	G INFORMATION FROM A CREDIT OR C RANCE AND SUBSEQUENT AMENDMEN S MAY IN CERTAIN CIRCUMSTANCES I ELIGIBILITY FOR INSURANCE OR THE THE RIGHT TO REVIEW YOUR PERSO WE CONSIDER EXTRAORDINARY LIFE ICT YOUR AGENT OR BROKER TO LEA	OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN NTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION E PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE NAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS RN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A
Applicant Signature	Date (MM/DD/YYYY)	
for insurance and subsequent renewals. Credit scoring in premium, you may request a recalculation of your credit treated confidentially. However, this information, as well affiliated third parties. We may also share such information.	nformation may be used to determine eith score once in a 12-month period. Any info as other personal or privileged informatio ion with affiliated companies for such purp or our files and can request correction of ar	ng information from a credit report, may be collected from persons other than you in connection with this application ner your eligibility for insurance, or the premium you will be charged. If your credit score increases your insurance ormation which we have or may obtain about you or other individuals listed as policyholders on your policy will be n subsequently collected, may under certain circumstances, be disclosed without prior authorization to non-poses as claims handling, servicing, underwriting and insurance marketing.  Ny inaccuracies. A more detailed description of your rights and our practices regarding such information is available
Applicant Signature	Date (MM/DD/YYYY)	
FRAUD STATEMENTS:		
Applicable in AL, AR, DC, LA, MD, NM, RI and WV Any person who knowingly (or willfully)* presents a false may be subject to fines and confinement in prison. *App		or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and
Applicable in FL and OK Any person who knowingly and with intent to injure, defithird degree)*. *Applies in FL Only.	raud, or deceive any insurer files a statem	ent of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the
Applicable in ME, TN, VA and WA It is a crime to knowingly provide false, incomplete or m insurance benefits. *Applies in ME Only	isleading information to an insurance com	pany for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of
	THE POLICY FOR WHICH I AM APPLYII	THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED NG AND I UNDERSTAND THAT A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR
ANY PERSON WHO KNOWINGLY AND WITH INTEN INCOMPLETE, OR MISLEADING INFORMATION IS G		ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, DEGREE.
Applicant Signature		Producer Signature

Producer Name (Printed)

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License Number