

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

**Requested Effective Date:**

<b>PROPOSED NAMED INSURED AND MAILING ADDRESS</b>			<b>Agency Name and Address:</b>		<b>Agency Code:</b>	
<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>	
				<b>Prior Carrier:</b>	
				<b>Prior policy expiration date or property purchase date (if new purchase):</b>	
<b>Applicant Occupation:</b>		<b>Date of Birth:</b>		<b>Marital Status:</b>	
<b>Co-Applicant Occupation:</b>		<b>Date of Birth:</b>		<b>Marital Status:</b>	

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

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

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

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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.***

<b>ELIGIBILITY:</b>	
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 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?

<b>GENERAL INFORMATION:</b>	
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?

<b>MORTGAGEE(S):</b>	
First Mortgagee Name and Address:	Second Mortgagee Name and Address:
Loan #:	Loan #:

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

**Remarks:**

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