
Homeowners Dwelling Application

Applicant _____ Occupation _____

Employer _____ Date of Birth _____

Mailing Address _____

Insured Location (if different than mailing address) _____

Inspection Contact _____ Phone Number _____

Producer _____ Phone Number _____

Prior Carrier _____ Expiration Date _____

Expiring Premium _____ Effective Date (of this policy) _____

If prior carrier, or a previous carrier, has cancelled or non-renewed, please explain why? (Missouri Applicants need not reply)

If the insured has not carried insurance within the last 12 months please explain why?

Within the last 5 years has the applicant had a Foreclosure Bankruptcy Repossession

Mortgagee (Name/Mailing Address Including Zip)

Loan Number _____

Mortgagee (Name/Mailing Address Including Zip)

Loan Number _____

Additional Insured (Name/Address/City/State/Zip)

Describe Interest

OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost? Yes No

Special Personal Property Coverage? Yes No

Special Computer Coverage? Yes No

Extended Replacement Cost Dwelling? Yes No

125% 150%

Upgrade to Green Residential Endorsement? Yes No

LexElite Eco-Homeowner? Yes No

Personal Injury? Yes No

Increased Special Limits (Jewelry/Watches/Furs)? Yes No

Increased Special Limits(all)? Yes No

Water Back Up and Sump Pump Overflow? Yes No

\$5,000 \$10,000 \$25,000

Family Security Endorsement? Yes No

Identity Fraud? Yes No

Director & Officers Coverage? Yes No

Extending Liability: Yes No

- # of properties _____ occupancy _____

- If rental, how long (weekly, annual, ect.): _____

- Address: _____

Watercraft Liability: Yes No

Engine Type: Inboard Outboard Length: _____ feet

Increased Limits on Business Property Yes No

If yes: \$10,000 \$25,000

Golf Cart Coverage Yes No

of carts _____ value _____ year _____
make _____ model _____ serial # _____

Include Liability for Gold Carts? Yes No
 H06 All Risk Coverage A? Yes No
 Earthquake Coverage? Yes No
 If Yes, Standard Deluxe
 EQ Zone _____ EQ Territory _____

CALIFORNIA, OREGON AND WASHINGTON with EARTHQUAKE

Soil Type: Hard Rock Soft Rock Stiff Clay Soft Soil Other: _____
 Is Dwelling on tall walls or posts? Yes No
 If built > 1920 & < 1950, full seismic retrofitting? Yes No
 Is the Dwelling located on a hillside? Yes No
 Slope: _____ Degrees: _____
 Is there unreported earthquake damage? Yes No
 Is there extensive unenforced masonry cladding? Yes No

CALIFORNIA BRUSH

Is the property located in the brush zone? Yes No
 Brush Density: Low Moderate Heavy Extreme
 Is there 150 feet of brush clearance around all structures? Yes No
 Distance to Brush: _____ feet
 Automatic Sprinkler within the brush area? Yes No
 If Wood Shake Roof:
 1,000 feet of brush clearance? Yes No
 Fire Retardant Treatment? Yes No

NOTICE TO APPLICANTS: Any person who knowing 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 ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowing and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowing presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully present false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowing 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowing 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 subjects such a person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowing 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 a person to criminal and civil penalties.

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 statement set forth in application are true and complete.

APPLICANT'S SIGNATURE: _____ DATE: _____