

INSURED INFORMATION

Insured Name: _____ Date of Birth: _____ Occupation: _____
 Spouse Name: _____ Spouse Date of Birth: _____
 Occupation: _____ Phone: _____
 Agency Name: _____ Agent Name: _____
 Phone: _____ Email: _____
 Current Insurance Carrier *(if lapsed/canceled/non-renewed enter last date of coverage)*: _____
 Effective Date Requested: _____ Target Premium: _____

HOMEOWNERS COVERAGE INFORMATION

Location Address: _____
 City: _____ State: _____ ZIP: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____

- HO3 HO4 HO5 HO6 HO8 DP1 DP3
- Primary Secondary/Rental Annual Rental Vacant
 Secondary Short-Term Rental Builders Risk

Dwelling Limit: _____ Other Structures: _____
 Personal Property: _____ Loss of Use: _____
 Liability: _____ AOP Deductible: _____
 Medical Payments: _____ Hurricane Deductible: _____

PROPERTY INFORMATION

CONSTRUCTION TYPE

- Frame
- Masonry
- Masonry Veneer
- Reinforced Masonry
- Fire Resistive
- Other (please list)

Year Built: _____
 Square Feet: _____
 # of Stories: _____
 Fire/Burglary Protection
 Monitored Burglar Alarm
 Monitored Fire Alarm
 Monitored Combo Alarm
 Distance to Hydrant: _____
 Distance to Fire Dept.: _____
 Other Water Source: _____

UPDATE INFORMATION

ROOF LAST REPLACED	PLUMBING LAST REPLACED
<input type="checkbox"/> Partial	<input type="checkbox"/> Partial
<input type="checkbox"/> Complete	<input type="checkbox"/> Complete
Year: _____	Year: _____
ELECTRIC LAST REPLACED	HEATING LAST REPLACED
<input type="checkbox"/> Partial	<input type="checkbox"/> Partial
<input type="checkbox"/> Complete	<input type="checkbox"/> Complete
Year: _____	Year: _____

ADDITIONAL UNDERWRITING INFORMATION

Is there a swimming pool? Yes No

Is there any bankruptcy? Yes No

Are there any animals on premises? Yes No

If YES, what type/breed? _____

Is this a new home closing? Yes No

Claims Information *(list all details for last 5 years)*

Comments to Underwriter *(target price, situation on risk, any special coverage or endorsements needs)*

MITIGATION INFORMATION

ROOF TYPE

- Gable
- Hip
- Flat

ROOF TYPE

- Asphalt Shingle
- Architectural Shingle
- Clay Tile
- Cement Tile
- Metal
- Built-up Tar & Gravel

ROOF TO WALL CONNECTIONS:

- Toenails
- Clips
- Straps

Hurricane Class A Shutters/Impact Glass: Yes No

Distance to Coast *(miles to coastline/waterways)*: _____

Florida Building Code *(Florida Properties only)*: Yes No

SIGNATURE

Signature: _____ Date: _____

Name: _____