



XPRESS INDICATION FORM

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Insured Name: Agency Name:

Date of Birth: Agent Name:

Occupation: Phone Number:

Spouse Name: Email Address:

Spouse Date of Birth: Current Insurance Carrier:

Occupation: *(If lapsed/canceled/non-renewed enter last date of coverage)*

Phone Number: Effective Date Requested:

HOMEOWNERS COVERAGE INFORMATION

Location Address: HO3 Primary

HO4 Secondary

HO5 Secondary/Rental

HO6 Short-Term Rental

Mailing Address: HO8 Annual Rental

DP1 Builders Risk

DP3 Vacant

Dwelling Limit:

Personal Property:

Liability:

Medical Payments:

Other Structures:

Loss of Use:

AOP Deductible:

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 from Hydrant: _____

Distance from Fire Dept.: _____

Other Water Source: _____

Protection Class: _____

UPDATE INFORMATION

Roof Last Replaced:

Partial

Complete

Year: _____

Plumbing Last Replaced:

Partial

Complete

Year: _____

Electric Last Replaced:

Partial

Complete

Year: _____

Heating Last Replaced:

Partial

Complete

Year: _____

ADDITIONAL UNDERWRITING INFORMATION

Swimming Pool: Yes No

Any Bankruptcy: Yes No

Animal 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 Covering:

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 or waterways)*: _____

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