

Dwelling Fire

Customer Information

Number of named insureds	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Type of named insureds	<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Living <input type="checkbox"/> Estate
Is named insured(s) individual(s) of high public exposure?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are all household members related by blood or marriage?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Please enter details for name of insured - 1 :

First name	
Middle initial	
Last name	
Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally separated
Occupation	
Social security number	
Phone	

Please enter details for name of insured - 2 :

First name	
Middle initial	
Last name	
Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally separated
Occupation	
Social security number	
Phone	

Please enter details for name of insured - 3 :

First name	
Middle initial	
Last name	

Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally seperated
Occupation	
Social security number	
Phone	

Please enter details for name of insured - 4 :

First name	
Middle initial	
Last name	
Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally seperated
Occupation	
Social security number	
Phone	

Please enter details for name of insured - 5 :

First name	
Middle initial	
Last name	
Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally seperated
Occupation	
Social security number	
Phone	

Please enter risk address below :

House number	
Street	
Zip code	
County	

City	
State	
Is mailing address different from risk address?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<u>Please enter mailing address :</u>	
House number	
Street	
Zip code	
County	
City	
State	
Filed bankruptcy within the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If so how long ago?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Is property in foreclosure, vacant, for sale, or unoccupied?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How many years has the insured owned this risk?	
<u>If living at risk address less than 3 years, please provide prior address :</u>	
House number	
Street	
Zip code	
County	
City	
State	
Please select number of mortgage :	
How many mortgages?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More
<u>Please enter information for mortgage - 1 :</u>	
Name	
Address	
Loan number	
<u>Please enter information for mortgage - 2 :</u>	
Name	
Address	
Loan number	
<u>Please enter information for mortgage - 3 :</u>	
Name	

Address	
Loan number	
If more than 3, please specify number of mortgages ?	
<u>Please enter payor information :</u>	
Payor	<input type="checkbox"/> Bill Insured <input type="checkbox"/> Bill Mortgagee at Renewal <input type="checkbox"/> Bill Mortgagee Immediately

Home Information	
Effective date of coverage	
Select the reason prospect requires coverage	<input type="checkbox"/> New Purchase <input type="checkbox"/> Prior Policy canceled/ expired at insureds request <input type="checkbox"/> Prior Policy canceled by carrier due to CAT management <input type="checkbox"/> Prior Policy canceled by carrier due to reason other than CAT management <input type="checkbox"/> Shopping for Better premium <input type="checkbox"/> Additional Coverage is required
Is prospect currently covered at this location?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, who is current company:(if no, please type none)	
Current policy expiration date	
Was prior coverage through the FAIR plan ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the policy required for closing?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the dwelling currently being remodeled or under construction?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Details	
Protection class	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Number of families occupying home	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Is there a home based business?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there farming done on the property?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there a barn on the property?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Distance to medium/ heavy brush or forested areas?	<input type="checkbox"/> 300 ft. or less <input type="checkbox"/> between 301 and 400 ft. <input type="checkbox"/> between 400 and 2499 ft. <input type="checkbox"/> over 2500 ft.
Is dwelling within 100 ft. of a commercial exposure ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Occupancy type	<input type="checkbox"/> Owner <input type="checkbox"/> Owner/tenant
Number of stories	<input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4 <input type="checkbox"/> Bi-level/raised ranch <input type="checkbox"/> Tri-level/Split level <input type="checkbox"/> Unknown
Number of full baths	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Number of half baths	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Garage type	<input type="checkbox"/> None <input type="checkbox"/> Carport <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage
Construction of home	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Brick/ Masonry <input type="checkbox"/> Steel Frame <input type="checkbox"/> Brick Vaneer
Dwelling classification	<input type="checkbox"/> Traditional Site Built <input type="checkbox"/> Modular/ Manufactured Home <input type="checkbox"/> Log Home <input type="checkbox"/> Mobile/ Motor Home <input type="checkbox"/> House Boat <input type="checkbox"/> Dome Home <input type="checkbox"/> Adobe <input type="checkbox"/> Other
Style of home	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Multi Family Home
Is dwelling a rowhouse?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Type of foundation	<input type="checkbox"/> Basement Fully Finished <input type="checkbox"/> Basement One Half Finished <input type="checkbox"/> Basement Unfinished <input type="checkbox"/> Piers Pilings Stilts <input type="checkbox"/> Other <input type="checkbox"/> Basement Three Quarters Finished <input type="checkbox"/> Basement One Quarter Finished <input type="checkbox"/> CrawlSpace <input type="checkbox"/> Slab
Does dwelling contain EIFS?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does dwelling contain asbestos siding?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is dwelling accessible by standard (non 4-wheel drive) automobile year round?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does dwelling house boarders or roomers?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is dwelling listed on any historical registry?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Living area (Sq.Ft.)	
Year built	
Does dwelling reflect pride of ownership with plumbing, heating, electrical systems, sidewalk, and roof appearing in good condition ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is dwelling occupied year round ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Roofing material	<input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Wood Shingle (Shake) <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Metal/ Ribbed <input type="checkbox"/> Slate <input type="checkbox"/> Cement Fiber <input type="checkbox"/> Compositition Shingle <input type="checkbox"/> Clay Tile <input type="checkbox"/> Glazed Tile <input type="checkbox"/> Rubber <input type="checkbox"/> Tar and Gravel
Roof last replaced	
Is slope of roof greater than 30 degrees ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your electrical system has circuit breakers?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Electrical system upgraded (including partial)	<input type="checkbox"/> No <input type="checkbox"/> Yes

Number of amps in service	<input type="checkbox"/> 60 <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 400
Does dwelling contain aluminum, mixed, or knob and tube wiring?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Heating system upgrade (Including partial)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Plumbing system upgrade	<input type="checkbox"/> No <input type="checkbox"/> Yes
Alternate heat	<input type="checkbox"/> None <input type="checkbox"/> Wood/Coal/Pellet stove <input type="checkbox"/> Carosene/space heaters
Feet to nearest hydrant	
Miles to nearest fire station	
Distance to nearest coastline (in miles)	
Is dwelling located on a barrier island (Fire Island, Shelter Island, Long Beach, etc.)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is dwelling within 3,000 feet of a creek, pond, river, stream, etc. ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Type of heat	<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other
Swimming pool	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does insured employ any full time residential help (gardener, housekeeper, nanny)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does insured have a trampoline?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does insured have a skate board ramp?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does insured have a tree house or tree fort?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does insured have any dog(s) ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number of dogs	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Breed of first dog	
Breed of second dog	
Breed of third dog	
Breed of fourth dog	
Breed of fifth dog	
If available, you like the animal liability buy back ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any horses on the property?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Pets or Farm animals?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Security Features :

- | | | |
|--|---|--|
| <input type="checkbox"/> Sprinkler system | <input type="checkbox"/> Local Burglar Alarm | <input type="checkbox"/> Central Station Burglar Alarm |
| <input type="checkbox"/> Local Fire Alarm | <input type="checkbox"/> Central Station Fire Alarm | <input type="checkbox"/> Smoke Alarm |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Dead Bolts | <input type="checkbox"/> Hurricane/Storm Shutters |
| <input type="checkbox"/> Bars on Windows & Doors | <input type="checkbox"/> Gated community | |

Non smoking household

 No Yes**Claim Information**

How many Claims in last five years?

First Claim :

Type	<input type="checkbox"/> Water	<input type="checkbox"/> Fire	<input type="checkbox"/> Liability
	<input type="checkbox"/> Weather	<input type="checkbox"/> Theft	<input type="checkbox"/> Other

Date Of Loss

Amount

Has claims been closed?

 No Yes

Specify other type

Second Claim :

Type	<input type="checkbox"/> Water	<input type="checkbox"/> Fire	<input type="checkbox"/> Liability
	<input type="checkbox"/> Weather	<input type="checkbox"/> Theft	<input type="checkbox"/> Other

Date Of Loss

Amount

Has claims been closed?

 No Yes

Specify other type

Third Claim :

Type	<input type="checkbox"/> Water	<input type="checkbox"/> Fire	<input type="checkbox"/> Liability
	<input type="checkbox"/> Weather	<input type="checkbox"/> Theft	<input type="checkbox"/> Other

Date Of Loss

Amount

Has claims been closed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Specify other type	
<u>Fourth Claim :</u>	
Type	<input type="checkbox"/> Water <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Weather <input type="checkbox"/> Theft <input type="checkbox"/> Other
Date Of Loss	
Amount	
Has claims been closed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Specify other type	
<u>Fifth Claim :</u>	
Type	<input type="checkbox"/> Water <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Weather <input type="checkbox"/> Theft <input type="checkbox"/> Other
Date Of Loss	
Amount	
Has claims been closed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Specify other type	

<u>Insurance Coverage</u>	
Policy form	<input type="checkbox"/> DP3
-Dwelling estimate replacement cost	
Coverage B-Other structures	<input type="checkbox"/> 10% of coverage A OR
Coverage C-Contents limit	<input type="checkbox"/> 70% of coverage A OR
Coverage E-Personal liability	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Coverage F-Medical payment	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000
Loss of rents	

Deductible options	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
Include off premises theft	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded	
Include replacement cost dwelling	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded	
Include replacement cost contents	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded	
Water backup	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded	
Include water back up	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	
Include identity theft	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded	
Personal injury	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded	
Inflation guard	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Comments			