Personal Lines: Dwelling Fire Supplemental Form

Agency Name: _____
Agent Name: _____
Agent Email Address: _____

Effective Date: _____
Target premium: $_____

Reason for Quote Request:

☐Non-renewal w/ current carrier ☐No coverage

☐Remarketing renewal ☐Other:_____

Insured Information:

First Name: _____ Last Name: _____
Phone Number: _____ Email Address: _____
SSN: _____ Marital Status: _____
Date of Birth: _____ Gender:_____
Occupation: _____ Employer: _____
Highest Level of Education:_____ LLC Name (if applicable)_____

Co- Applicant Information:

First Name: _____ Last Name: _____
Phone Number: _____ Email Address: _____
SSN: _____ Marital Status: _____
Date of Birth: _____ Gender:_____
Occupation: _____ Employer: _____
Highest Level of Education:_____ Relationship to Insured: _____

Dwelling Fire

☐Broad Form 1
☐Broad Form 2
☐Special Form 3

Contents & Occupancy

Contents Policy Form:

☐Broad Form 1
☐Broad Form 2
☐No contents coverage

Occupancy:

☐Owner or Owner & Tenant
☐Tenant Only

Mailing Address:_____

Location Address:_____

Dwelling Purchase Date: _____

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Coverages/ Limits of Liability:

Coverage A- Dwelling	$
Coverage B- Other Structures	$
Coverage C- Personal Property	$
Coverage D- Loss of Use/ Increased Fair Rental Value	$
Coverage E- Personal Liability	$
Coverage F- Medical Payments to Others	$
All Perils Deductible	$
Wind/ Hail Peril	$/%

Additional Coverages: (Please list any other coverages needed and preferred limit)

Coverage	**Limit/ Deductible**

Underwriting:

Number of rental units owned by applicant (including this location):_____

Number of units at property to be insured: _____

Is the dwelling under construction or significant renovations? ☐Yes ☐No

Is the dwelling or any unit in the dwelling vacant (not occupied by tenants)? ☐Yes ☐No

Is the dwelling for sale? ☐Yes ☐No

Is there a swimming pool? ☐Yes ☐No

If so, is it fenced in? ☐Yes ☐No

Are horses and/ or livestock kept on premises? ☐Yes ☐No

Is there is a business on the premises? ☐Yes ☐No

If business is on premises, advise to the following:

Is the business incidental? ☐Yes ☐No

Number of Employees:_____

Type of business: _____

Dwelling Information:

Protection Class: _____

Year Originally Built: _____

Total Living Area: _____sq ft

Number of Stories: _____

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Dwelling Type:

☐Single Family Dwelling
☐Duplex- Two family
☐Triplex- Three Family
☐Fourplex- Four Family

Construction Style:

☐ 2 Story
☐ Contemporary
☐ Colonial
☐ Ranch/ Rambler
☐ Cape Cod
☐ Bi-Level/ Raised Ranch
☐ Tri/ Split Level
☐ Manufactured Home
☐ Mobile Home
☐ Cottage
☐ Log Home
☐ Mediterranean
☐ Victorian
☐ Southwest Adobe
☐ Row/ Townhouse
☐ Queen Anne
☐ Ornate Victorian
☐ Row/ Townhouse End
☐ Craftsman/ Bungalow

Construction Type:

☐ Frame
☐ Masonry
☐ Masonry Veneer
☐ Other:_____

Siding:

☐ Aluminum Siding
☐ Cedar, Wood, Shingles
☐ Stucco
☐ Vinyl Siding/ Plastic
☐ Other: _____

Roof Shape:

☐ Gable
☐ Gambrel
☐ Hip
☐ Mansard
☐ Shed
☐ Other: _____

Roof Covering Type:

☐ Asphalt Shingle
☐ Metal
☐ Slate
☐ Tile
☐ Wood Shingles/ Shakes
☐ Other: _____

Housekeeping Condition:

☐ Excellent
☐ Very Good
☐ Good
☐ Average
☐ Below Average

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Heating:

☐ Gas, Average	☐ Gas, Hot Water	☐ Freestand wood/pellet/ coal stv	☐ Propane, Forced Air	☐ None
☐ Gas, Forced Air	☐ Oil, Forced Air	☐ In-Wall Furnace/ Heater	☐ Oil Hot Water with Radiators	
☐ Electric, Forced Air/ Baseboard	☐ Oil, Hot Water	☐ Wood Furnaces	☐ Propane, Hot Water	
☐ Oil, Average	☐ Radiant Floor	☐ Space Heaters	☐ Hot Water Baseboard	

Air Conditioning:

☐ Whole House Fan

☐ Central AC, Same Ducts

☐ Electric/ Gas- Heat Pump

☐ Central AC, Separate Ducts

☐ None

☐ Central AC, High Efficiency Separate Ducts

☐ Central AC, Multi- Zoned

☐ Central AC, High Efficiency, Same Ducts

☐ Evaporative Cooler

Foundation Type:

☐ Basement
☐ Crawl Space
☐ Daylight Basement
☐ Piers/ Pilings/ Stilts
☐ Slab
☐ Suspended Over Hillside

If basement:

☐ Finished ☐ Partially Finished ☐ Unfinished

Fire protection district: _____

Dwelling located in city, suburbs, or district: _____

Does the home have any fuses, knob-tubing wiring or aluminum wiring? ☐Yes ☐No

Total Number of Baths:

Full:_____ ¾:_____ ½:_____

Personal Lines: Dwelling Fire Supplemental Form

Renovations:	**Partial**	**Complete**	**Year**
Wiring	☐	☐	_____
Plumbing	☐	☐	_____
Heating	☐	☐	_____
Roofing	☐	☐	_____

Protection Device Type:

System	**Smoke**	**Burglar**
Local	☐	☐
Police	☐	☐
Central	☐	☐

Sprinkler:

☐ Partial ☐ Full ☐ None

Distance to:

Fire Hydrant: _____ft

Fire Station: _____mi

Tidal Water: _____mi

Fire Station Type:

☐ Volunteer ☐ Career ☐ Combo

Storm Shutters: ☐ Yes ☐ No

Prior Carrier & Claim Info:

Carrier:_____

Expiration Date:_____

Number of property losses insured incurred in the last 5 years at any location which were solely and directly related to weather: _____

Number of all other property losses in the last 5 years: _____

Has property insurance been cancelled, declined or non-renewed in the last 5 years? ☐ Yes ☐ No

Any dog bite claims? ☐ Yes ☐ No

If yes, please provide date: _____

Additional Interest:

☐ **Additional Insured**
☐ **Lender's Loss Payable**
☐ **Lienholder**
☐ **Loss Payee**
☐ **Mortgagee**
☐ **Trustee**

Name:_____

Address:_____

Loan #:_____

Additional Notes:

_____
_____
_____
_____
_____

For possible discounts, please choose any options listed in each column below if it applies to this location:

(This section is optional)

Security:	**Detectors/ Monitors/ Protectors:**	**Sprinklers:**	**Water Leak Protection: (Choose one of the following if applicable):**
☐ Gated Community	☐ Gas Leakage Detector	☐ Residential Sprinkler System	☐ None
☐ Gated Community Patrol Service	☐ Lightening Protection	☐ Sprinkler Water flow Alarm	☐ Alarm
☐ 24 Hour Guard/ Security Monitoring	☐ Temperature Monitor		☐ Automatic Shut- Off
☐ Gated House	☐ Permanently Installed Back-up Generator		☐ Automatic Shut-Off and Alarm
☐ Full- time Caretaker	☐ Seismic Shut Off Valve		

Wind Mitigation Features:

(Please select all that apply)

- ☐ Roof Covering
- ☐ Secondary Water Resistance
- ☐ Roof Deck Attachment
- ☐ Roof-to-wall Connection
- ☐ Roof Shape Hip
- ☐ Roof Shape Gable Braced

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Date:_____ **Signature of Applicant:_____**

Date:_____ **Signature of Producer:_____**