

Signature of Applicant

Date

Time

HOMEOWNERS INSURANCE APPLICATION

Signature of Authorized Representative

1. Name	
2. Mailing Address	
3. Telephone (Home):	Nork):
4. Date Insurance Required	
Location/Legal Description of Property To Be Insured	
Lot No Block No Unit No House No	
Tract No: Municipality: Village:	Subdivision:
6. Description of Home Construction	
Roof: Metal Concrete Other (Please Specify)	
Walls:	pecify)
7. Year Built Contractor	Floor Area Number of Floors
8. Is Your Home Made of More Than One Type of Construction? Yes No	
If yes, please describe the construction	
9. Occupied By: 1 2 3 4 Families: How Many Tenants: (must be 4 units or less)	
10. Is There a Swimming Pool? Yes No	
11. Is Your Home Equipped with Commercially Installed Typhoon Shutters? Yes No	
12. Is Your Home Equipped with a Commercially Installed Fire and Burglary Security System? Yes No	
13. Is Your Home Equipped with Steel Grills? Yes No And/Or Dead Bolt Locks? Yes No	
14. Name and Address of Mortgagee (1st):	
(2nd):	
15. Have You Had Any Losses in the Past 10 years? Yes No	
Is Your Weather Head Attached to Your Home? Yes Yes Note: Weather head not attached to home is not covered under this p	No Olicy Sketch Map of House
·	olicy
Coverage Information A. Value of Home to be Insured	
Agreed Value Sum Insured Premium	
\$ \$ \$	
B. Unscheduled Household	
Goods and Personal Property \$ \$	—
Total Premium: \$	—
I/we hereby declare that to the best of my/our knowledge and belief, all the forgoing questions are answered truthfully and correctly; and that I/we have not concealed or misrepresented any material fact or circumstance concerning any of the above statements. I hereby apply for Homeowners Insurance with your Company subject to all the terms and conditions of the Policy:	