



1. Name _____
 2. Mailing Address _____
 3. Telephone (Home): _____ (Work): _____

4. Date Insurance Required _____
 5. Location/Legal Description of Property To Be Insured
 Lot No. _____ Block No. _____ Unit No. _____ House No. _____ Street Name _____
 Tract No: _____ Municipality: _____ Village: _____ Subdivision: _____

6. Description of Home Construction
 Roof: Metal Concrete Other (Please Specify) _____
 Walls: Metal Concrete Other (Please Specify) _____

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 Is the Pool Fenced? Yes No

11. Is Your Home Equipped with Commercially Installed Typhoon Shutters? Yes No If Yes, Metal or Wood

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 If yes, explain _____

16. Is Your Weather Head Attached to Your Home? Yes No
 Note: Weather head not attached to home is not covered under this policy

17. Coverage Information

A. Value of Home to be Insured

Agreed Value	Sum Insured	Premium
\$ _____	\$ _____	\$ _____

B. Unscheduled Household

Goods and Personal Property	\$ _____	\$ _____
Total Premium:	\$ _____	\$ _____

Sketch Map of House

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:

Signature of Applicant _____ Date _____ Time _____ Signature of Authorized Representative _____