



HOMEOWNERS INSURANCE APPLICATION

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