

First American Specialty Insurance Company

Binder Number

Check Number _____
Check Amount \$ _____
company use only

APPLICATION

HO3 DP3 (no theft coverage) HO6

NO COVERAGE IS BOUND UNTIL THIS APPLICATION IS APPROVED BY THE COMPANY AND A POLICY NUMBER ASSIGNED, UNLESS A PREPRINTED BINDER NUMBER APPEARS IN THE UPPER RIGHT CORNER.

I. APPLICANT(S) NAME AND MAILING ADDRESS

BROKER NAME AND MAILING ADDRESS

LAST NAME, FIRST

ADDRESS

CITY COUNTY STATE ZIP CODE

Telephone Number: _____

Effective Date Requested: _____
(1 YEAR POLICY ONLY)

Fax Number _____

Telephone Number _____

Broker Code _____

LOCATION TO BE COVERED BY THIS POLICY:

ADDRESS

CITY COUNTY STATE ZIP

	Applicant	Spouse
Occupation		
Employer/Phone		
Soc. Sec. #		

II. LIMITS

DEDUCTIBLE

A. Dwelling	B. Other Structure	C. Unscheduled Personal Property	D. Additional Living Expense Rental Value	E. Personal Liability	F. Medical Payments to Others	_____
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III. RATING INFORMATION

Tier <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Year Built	Roof Type <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Composition <input type="checkbox"/> Other _____	Protection Class	Number of Families	Number of Units	Distance to Hydrant (Feet)	Distance to Fire Dept. (Miles)
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Construction

Frame Masonry

Other: _____

Occupancy

Primary Within City Limits Within Fire District

Owner Secondary Within Prot. Sub.

Tenant - Complete Rental Supplemental on Page 4

Fire Zone

Dwlg Condo

Twnhse Apt

Rowhse Co-op

Optional Endorsements (attach endorsement supplemental sheet for endorsements that require additional information)

<input type="checkbox"/> Enhancement Plus (HO only)	<input type="checkbox"/> Inflation Guard _____
<input type="checkbox"/> Replacement Cost Contents	<input type="checkbox"/> Ordinance or Law _____
<input type="checkbox"/> Replacement Cost Dwelling	_____
<input type="checkbox"/> Structure Rented to Others. Address: _____	
<input type="checkbox"/> Additional Insured. Address: _____	
<input type="checkbox"/> Additional Residence Rented to Others. Address: _____	

BILLING: <input type="checkbox"/> 1. Mortgagee <input type="checkbox"/> 2. Insured	Total Annual Premium: _____
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IV. MORTGAGEES

First Mortgagee

Second Mortgagee

Loan Number: _____

Loan Number: _____

Credits

Attach documentation for Central Station, Police Dept.,
 Sprinklers and Persistency credits.

Burglary

- Central Station
- Police Dept.
- Dead Bolts
- Local Sounding

Fire

- Central Station
- Police Department
- Smoke Detectors (#)
- Fire Extinguisher
- Partial Sprinklers
- Full Sprinklers

Persistency

yrs. _____

Replacement Cost Calculation

Living Area Square Footage $\frac{\text{sq.ft.}}{\text{(\$ per sq. ft.)}} \times \text{_____} = \text{_____}$

Attached Garage Square Footage $\frac{\text{_____}}{\text{(\$ per sq. ft.)}} \times \text{_____} = \text{_____}$

Number of Chimneys $\text{_____} \times \text{_____} = \text{_____}$

Total Replacement Cost $\text{_____} = \text{_____}$

Degree of Slope $\frac{\%}{\text{(Slope Factor)}} \times \frac{\text{_____}}{\text{(Replacement Cost)}} = \frac{\text{_____}}{\text{Total}}$

Include quote with the application.

Complete If Dwelling Is Over 20 Years Old

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Has it been re-roofed? When? _____	Type of current roof? <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Composition <input type="checkbox"/> Slate
<input type="checkbox"/>	<input type="checkbox"/>	Has it been re-wired? When? _____	Partial _____ Full _____ <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses
<input type="checkbox"/>	<input type="checkbox"/>	Has the plumbing been <input type="checkbox"/> repaired or <input type="checkbox"/> replaced? When? _____	<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized
<input type="checkbox"/>	<input type="checkbox"/>	Has the heating been <input type="checkbox"/> repaired or <input type="checkbox"/> replaced? When? _____	
		Type of current heating? <input type="checkbox"/> Wall <input type="checkbox"/> Floor <input type="checkbox"/> Central <input type="checkbox"/> Other _____	

V. UNDERWRITING INFORMATION

1. Year Purchased: _____
2. Prior Carrier, Policy No., Eff/Exp Date: _____
3. Reason for Changing Carrier: _____
4. Describe all losses in the last three (3) years at this or prior location(s). Use "Remarks" if more space is needed for details.

Date of Loss	Location	Cause of loss and describe repair	Amount Paid

Check if no losses

If "Yes" is answered to any of these questions, please explain in the remarks section.

5. Has someone from your office inspected this dwelling? Yes No
6. Is this business new to the agency? Yes No
7. Does your office write other insurance for this insured? Yes No
8. Any insurance declined, cancelled, or non-renewed in last 3 years? (If yes, attach copy of notice.) Yes No
9. Is property vacant, in foreclosure, or for sale? (Explain in Remarks Section.) Yes No
10. Any business conducted on premises (including day/child care)? (Explain in Remarks Section.) Yes No

11. Any flooding/brush hazard/landslide exposure? (If yes, explain in the remarks section.) Yes No
12. Does applicant own/have custody of any animal(s) whether on or off premises? (If yes, type and number.).. Yes No
 If dog, how many and what breed(s)? _____ (If mixed breed, specify mix. _____)
 Dogs not fenced are unacceptable. Any biting history? (any animal) _____
13. Pool/Jacuzzi on premises? (If yes, the yard must be fenced.) Yes No
14. Trampoline on premises? (If yes, the risk is unacceptable.) Yes No
15. Any firearms kept on premises? (If yes, how are they stored? What types? _____).. Yes No
16. Any in-servants or out-servants? (If yes, number of hours worked per week? Live on premises? _____).. Yes No
17. Is the risk located near the ocean or other body of water? (If yes, distance in yards from the water _____). Yes No
18. Is there a wood/pellet stove on premises? (If yes, attach wood stove questionnaire.) Yes No
 If wood stove/pellet stove is the primary heat source, the risk is not acceptable.

Remarks:

Important Notice:

All risks with Coverage A of \$500,000 and higher must be approved by the Company prior to binding.
 All risks with Coverage A of \$500,000 and higher must have central station fire and burglar alarms.

Important Notice Regarding the Fair Credit Reporting Act:

In making this application for insurance it is understood that, as part of the underwriting procedure, information may be obtained regarding the applicant's credit, the property being insured, and the loss history of both the applicant and the property being insured. If any such investigations are made, the information obtained will be handled in the strictest confidence. Upon written request to the company, additional information as to the nature and scope of any report made will be provided.

Notice to Applicant:

Applicant warrants that all information is true and correct and that any incorrect information may void all coverages from the effective date of the policy. Applicant understands that no insurance is bound hereunder and agrees that no insurance shall be effective until this application is approved by the Company and a policy number assigned, unless a preprinted binder number appears in the upper right corner of the reverse side of this application.

Applicant's Signature: _____ Date: _____ Time: _____ a.m. p.m.

Notice to Broker:

I have reviewed and completed all information with my client.

Broker Signature: _____ Date: _____ Time: _____ a.m. p.m.

Order Credit Report: Yes No Order Inspection: Yes No Order Loss History: Yes No

Underwriter Approval: _____ Assistant UW Approval: _____ Entry Date: _____

RENTAL SUPPLEMENT
(Complete all Questions)

1. How long has the applicant owned this dwelling? _____
2. How long have current tenants occupied the dwelling? _____
3. How many tenants have occupied this dwelling in the last 5 years? _____
4. How many other residential rental properties does the applicant own? _____
5. How often does the applicant personally inspect the property? _____ Days per year
6. Who is responsible? _____
7. Does the applicant employ or contract with a property Manager? _____
If so, give name and describe duties:

8. If the applicant is responsible for maintenance, how far does he/she live from the rental property?

9. If other than the property manager or insured is responsible for maintenance, explain:

10. Does the applicant require a deposit? _____ *If so, what amount?* _____
11. Does the applicant require the tenant to maintain liability insurance? _____
12. Please explain any limitation on animal ownership at the dwelling:

13. Do the current tenants have any pets? _____ *If so, describe type/breed:* _____
If dog, describe bite history? _____
14. Do the current tenants operate or conduct any business on premises? _____
If so describe: _____
15. Has applicant ever been involved in a legal dispute with a tenant for wrongful eviction, refusal to rent, or any other civil dispute? _____ *When?* _____
How was it resolved? _____
16. Is the applicant currently involved in any legal dispute with the tenant? _____
If so, describe: _____
17. Please briefly describe the applicant's procedure for tenant selection and resolution of tenant disputes:

OPTIONAL ENDORSEMENTS WHICH REQUIRE ADDITIONAL INFORMATION:

- DP 04 11 Automatic Increase in Insurance 4% _____ 6% _____ 8% _____
- DP 04 18 Windstorm or Hail - Radio and TV, etc. Items to be insured: _____
- DP 04 41 Additional Insured - Described Location NAME: _____

Applicant's Signature

Date

Broker's Signature

Date