

1-4 FAMILY DWELLING SUPPLEMENTAL APPLICATION

APPLICANT'S NAME: _____
 DBA, if applicable: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail address of primary contact: _____
 Website address: _____
 Audit contact name: _____ Phone number: _____
 First Year in business: _____
 Annual Sales/Revenue: _____
 Number of Employees: _____

INDIVIDUAL DWELLING OWNER'S INFORMATION

Our quoting system integrates numerous applications to determine the premium for each individual risk. Please complete required fields below as accurately as possible in order to provide the applicant with the most accurate premium.

First Name: _____ Middle (Optional): _____ Last Name: _____
 Home address: _____ City, State, Zip: _____
 Optional Information: SSN: _____ Phone: _____ DOB: _____

New York applicants only: Did you obtain authorization from the above individual to order their individual credit information? ☐ Yes ☐ No

LOSS HISTORY FOR PAST 5 YEARS

Date of Loss	Line of Business	Amount Paid	Amount Reserved	Open/Closed	Description of loss

LOCATION INFORMATION

Location Address	City/State/Zip	# of Units	Building Sq Ft	PC	Year Built	Type of Roof	Year Roof Updated	Building Limit	Building Valuation (RC/ACV)	Contents Limit

Is all plumbing in all buildings PVC or Copper? ☐ Yes ☐ No
 Have all HVAC systems at all locations been maintained, updated, or replaced? ☐ Yes ☐ No
 Does any location have an automatic Fire Alarm or Sprinkler System? ☐ Yes ☐ No
 If yes, please provide details and location number: _____

UNDERWRITING ELIGIBILITY

Are wood-burning stoves, space heaters, or temporary heating devices used as the primary heat source at any location or building?

☐ Yes ☐ No

Has any policy or coverage been declined, cancelled, or non-renewed during the prior three (3) years for any premises or operations?

☐ Yes ☐ No

If yes, please provide details _____

Has the applicant, a majority owner, partner, or member filed bankruptcy in the past five years?

☐ Yes ☐ No

Has any tenant been evicted in the past 6 months or is any tenant in the process of being evicted?

☐ Yes ☐ No

Do all properties have functioning and operational smoke detectors in all units or occupancies?

☐ Yes ☐ No

Is the applicant the owner of the property?

☐ Yes ☐ No

Are any units or premises used for assisted living, group homes, boarding, or rooming houses?

☐ Yes ☐ No

Are there any student or subsidized residents?

☐ Yes ☐ No

Does the applicant offer any timeshare, short term, or seasonal rentals less than 6 months?

☐ Yes ☐ No

Are there security bars on the windows?

☐ Yes ☐ No

If yes, are there internal safety release mechanisms?

☐ Yes ☐ No

Does the applicant re-key all locks prior to leasing to new tenants?

☐ Yes ☐ No

Has the applicant had any past allegations or claims involving construction defect?

☐ Yes ☐ No

Is there a swimming pool on premises?

☐ Yes ☐ No

Is any location a mobile home?

☐ Yes ☐ No

Is any location owner occupied?

☐ Yes ☐ No

Is any location, currently or in the future, under construction or renovation?

☐ Yes ☐ No