

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