



Phone: 888.335.6616

Fax: 888.335.6615

Email: service@braishfield.com

Web: www.braishfield.com

SUBMISSION INSTRUCTIONS

Thank you for choosing Braishfield. We appreciate the opportunity to provide you with a quote for this risk.

In order to obtain a quote, please submit the following:

- Fully Completed Application
- Wind Mitigation Affidavit (if available and property is located in FL)
- 4pt Inspection (if available and property is 25 years old or older)
- Corporate Supplemental Application (applicable to Corp or LLC owned properties)
- Trust Supplemental Application (applicable to Trust owned properties)
- Unprotected Questionnaire (applicable to properties located in PC 9 or PC 10)
- Builders Risk Supplemental Application (applicable to Builder's Risk submissions)

You can submit by:

Email directly to your **assigned** underwriter:

Heather Perkins

689-208-9475

hperkins@braishfield.com

OR

Megan Seeley

689-208-9490

mseeley@braishfield.com

OR

If you are unsure of your assigned underwriter:

Email to service@braishfield.com

OR

Fax to 888-335-6615

NOTE: If faxing, please be sure to include a cover page with your name, phone number and email address.

Thank you for your business.

Homeowner / Dwelling Application

APPLICANT INFORMATION

Applicant Name		Occupation		Employer		Date of Birth	
Insured Location			City/State/Zip			County	
Mailing Address (if different than Insured Location)			City/ State/Zip				
Inspection Contact Name				Inspection Contact Phone Number			
Agency Name		Phone Number		Agency Contact		Email	
Prior Carrier		Expiration Date		Expiring Premium		Effective Date (of this policy)	
If prior carrier, or a previous carrier, has cancelled or non-renewed, please explain why? (MISSOURI APPLICANTS NEED NOT REPLY)							
If the insured has not carried insurance within the last 12 months please explain why?							
Within the last 5 years has the applicant had (check all that apply) <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien <input type="checkbox"/> Judgment							
Mortgagee (Name/Mailing Address Including Zip Code)					Loan #		
Mortgagee (Name/Mailing Address Including Zip Code)					Loan #		
Additional Insured (Name/Address/City/State/Zip)					Describe Interest		

COVERAGES / LIMITS OF LIABILITY / DEDUCTIBLES

Policy Form	Dwelling/ (A&A HO-6)	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments
<input type="checkbox"/> HO-3 <input type="checkbox"/> HO-4 <input type="checkbox"/> HO-5 <input type="checkbox"/> HO-6 <input type="checkbox"/> HO-8 <input type="checkbox"/> DP-3 <input type="checkbox"/> DP-1 <input type="checkbox"/> Wind/Hail Only	Loss Assessment \$ _____	Ordinance or Law <input type="checkbox"/> 10% <input type="checkbox"/> 25%	AOP Deductible _____	Water Damage Deductible _____	Theft Deductible _____	Vandalism Deductible _____
	Wind/Hail Coverage: <u>Choose Only 1 Option:</u> <input type="checkbox"/> Included <input type="checkbox"/> Excluded <input type="checkbox"/> Named Storm Deductible _____% <input type="checkbox"/> Wind/Hail Deductible _____%					

RATING / UPDATE INFORMATION

Protection Class # _____		Distance to Fire Hydrant: _____ feet		Distance to Fire Station: _____ miles		Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Occupancy <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builders Risk <input type="checkbox"/> Vacant - vacant since what date?							
Year Built	Living Area Sq Ft	# of Stories	# of Families	Construction <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> EIFS <input type="checkbox"/> Log			
Construction Style <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Other: _____				Has dwelling been completely gutted to the studs and remodeled? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what Year? _____			
Foundation Type <input type="checkbox"/> Slab <input type="checkbox"/> Blocks <input type="checkbox"/> Piling/Stilts				Roof Update Year _____ <input type="checkbox"/> Partial <input type="checkbox"/> Complete			
Roof Type <input type="checkbox"/> Comp <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____				Is Roof in good condition and free from leaks? <input type="checkbox"/> Y <input type="checkbox"/> N			
Roof Shape <input type="checkbox"/> Hip <input type="checkbox"/> Gable <input type="checkbox"/> Flat <input type="checkbox"/> Other: _____				Electric Update Year _____ <input type="checkbox"/> Partial <input type="checkbox"/> Complete			
Protective Alarms/Devices <input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Interior Sprinklers <input type="checkbox"/> Deadbolt				Is Electrical system in good condition with no previous problems? <input type="checkbox"/> Y <input type="checkbox"/> N			
Purchase Date	Is Dwelling for Sale? <input type="checkbox"/> Y <input type="checkbox"/> N	On Nat'l Historical Register? <input type="checkbox"/> Y <input type="checkbox"/> N Tours given? <input type="checkbox"/> Y <input type="checkbox"/> N		Does the property have a Challenger, Federal Pacific Stab-Lock or Zinsco electrical panel? <input type="checkbox"/> Y <input type="checkbox"/> N			
If HO4/6: How many floors in the building? _____ On which floor is the unit? _____ How many units in the building? _____		Flood Zone _____ Does the dwelling have primary flood? <input type="checkbox"/> Y <input type="checkbox"/> N Does the dwelling have excess flood? <input type="checkbox"/> Y <input type="checkbox"/> N		Does the property have 100 Amp or greater electrical panel? <input type="checkbox"/> Y <input type="checkbox"/> N			
				Does the property have any "live" fuses or "live" knob and tube wiring? <input type="checkbox"/> Y <input type="checkbox"/> N			
				Does the property have any aluminum wiring? <input type="checkbox"/> Y <input type="checkbox"/> N			
Windstorm Information and Mitigation Features Distance to Ocean/Bay/Gulf: _____ Miles _____ Feet Roof Deck Attachment: _____ Roof To Wall Connection: _____ <input type="checkbox"/> Staples <input type="checkbox"/> 6d Nails <input type="checkbox"/> 8d Nails <input type="checkbox"/> Toe Nails <input type="checkbox"/> Clips <input type="checkbox"/> Single Wraps <input type="checkbox"/> Reinforced Concrete Roof Deck <input type="checkbox"/> Double Wraps <input type="checkbox"/> Structural ALL glazed openings protected? <input type="checkbox"/> Y <input type="checkbox"/> N Type: <input type="checkbox"/> Metal Shutters <input type="checkbox"/> Plywood Shutters <input type="checkbox"/> Impact Glass ALL non-glazed openings protected? <input type="checkbox"/> Y <input type="checkbox"/> N Type: <input type="checkbox"/> Metal Shutters <input type="checkbox"/> Plywood Shutters <input type="checkbox"/> Impact Glass				HVAC Update Year _____ <input type="checkbox"/> Partial <input type="checkbox"/> Complete Is HVAC system in good condition and regularly serviced by a licensed professional? <input type="checkbox"/> Y <input type="checkbox"/> N Plumbing Update Year _____ <input type="checkbox"/> Partial <input type="checkbox"/> Complete Is Plumbing, including water heater, in good condition and free from leaks? <input type="checkbox"/> Y <input type="checkbox"/> N Does the property have any Cast Iron, Galvanized, Lead, PEX or Polybutylene Plumbing? <input type="checkbox"/> Y <input type="checkbox"/> N Describe Type(s): _____			

**NOTE: Not all terms, coverage options, limits or deductibles are available for all carriers, states or policy forms

ADDITIONAL UNDERWRITING INFORMATION

Have you been told or are you otherwise aware of the use of Chinese Drywall in the property or any other structure on the premises? <div>[] Y [] N</div>	Has any individual or entity that has insurable interest in the property to be insured, declared bankruptcy, been foreclosed upon, or incurred a lien or judgment within the past five (5) years? <div>[] Y [] N</div>
Is there any odor of sulfur in the property, any corrosion of any personal property, wiring, or any heating, ventilation or air conditioning system? <div>[] Y [] N</div>	Has any applicant or other person with financial interest in the property to be insured, been indicted for or been convicted at any time of any degree of the crime of arson, bribery, fraud, material misrepresentation, money laundering, or tax evasion? <div>[] Y [] N</div>
Has the applicant or any member of the household been employed as any of the following: Professional Athlete; Entertainer; Media personality; Reporter; Author; Journalist; Coach in the NBA,NFL, MLB, NHL, or in College Division I Football or Basketball; Owner of a Professional sports team; CEO of a Fortune 500 company, or Director or Producer with major television or motion picture credits? Is any individual an elected or appointed public official at the State or Federal level , or a generally recognizable public figure? <div>[] Y [] N</div>	Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? <div>[] Y [] N</div> Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? <div>[] Y [] N</div>
Is the property bank owned? <div>[] Y [] N</div>	At any time, has this property had any prior sinkhole claims? <div>[] Y [] N</div>
Is the applicant the owner of the property? <div>[] Y [] N</div>	Does the property have any existing damage? <div>[] Y [] N</div>
Is there adverse possession by a third party on the property to be insured? <div>[] Y [] N</div>	Is Daycare conducted on premises? <div>[] Y [] N</div>
Does the property to be insured have a cloud on its title? <div>[] Y [] N</div>	Is business conducted on the premises? <div>[] Y [] N</div> Explain: _____
Is the applicant delinquent on any mortgage or tax payments? <div>[] Y [] N</div>	Is the property rented? <div>[] Y [] N</div> Minimum rental term? [] Daily [] Weekly [] Monthly [] Annually If Daily rental, minimum number of consecutive days? _____
Does the property have security bars on any windows? <div>[] Y [] N</div>	Is there a local professional property manager? <div>[] Y [] N</div>
Are there interior quick release mechanisms on all windows with bars? <div>[] Y [] N</div>	Is the property rented to students? <div>[] Y [] N</div>
Is the property located on greater than 5 acres? <div>[] Y [] N</div>	Is the property undergoing any renovation or reconstruction? <div>[] Y [] N</div>
Does the property have a Caretaker? <div>[] Y [] N</div>	Does the property have a woodstove on premises? <div>[] Y [] N</div>
Is the Caretaker a Resident Caretaker? <div>[] Y [] N</div>	Is it the primary heat source? <div>[] Y [] N</div>
Do you or any tenant that occupies the premises own animals? Type(s): _____ Breed: _____ Bite History: _____ <div>[] Y [] N</div>	Does the property have a swimming pool? [] Fenced [] Unfenced [] Diving Board [] Slide <div>[] Y [] N</div>
	Is the property located in a Gated Community? Name of Community: _____ Patrolled? <div>[] Y [] N</div>

Has the property to be insured, and/or the individual or entity to be insured, incurred a loss within the last three (3) years that was a result of insured negligence? <div>[] Y [] N</div>							
LOSS HISTORY							
Note: Loss History includes <u>all</u> losses within the last five (5) years <u>regardless of location</u> and any loss greater than \$1,000,000 regardless of location or date.							
Date	Type	Description	Amount	Closed (Y/N)	Repaired (Y/N)	Was loss at this location (Y/N)	Preventative Measures

ADDITIONAL COMMENTS

OPTIONAL COVERAGES / ENDORSEMENTS

Personal Property Replacement Cost	[] Y [] N	Extending Liability
Special Personal Property Coverage	[] Y [] N	# of properties: _____ occupancy: _____
Special Computer Coverage	[] Y [] N	if rental, how long (weekly, annual, etc.): _____
Extended Replacement Cost Dwelling	[] Y [] N	address _____ [] Y [] N
Water Back Up and Sump Pump Overflow	[] Y [] N	Watercraft Liability
[] \$5,000 [] \$10,000 [] \$25,000		Engine Type: [] Inboard [] Outboard
[] \$50,000 [] \$100,000 [] \$250,000		Length _____ feet [] Y [] N
[] \$500,000 [] \$1,000,000		Increased Limits on Business Property
Upgrade to Green Residential Endorsement	[] Y [] N	[] \$10,000 [] \$25,000 [] Y [] N
LexElite Eco-Homeowner Endorsement	[] Y [] N	Golf Cart Coverage
Personal Injury	[] Y [] N	# of carts _____ value _____ year _____
Increased Special Limits (all)	[] Y [] N	make _____ model _____ serial # _____ [] Y [] N
Increased Special Limits (Jewelry/Watches/Furs)	[] Y [] N	Liability for Golf Carts [] Y [] N
Identity Fraud	[] Y [] N	Significant Other Coverage [] Y [] N
Limited Fungi (Mold), Wet or Dry Rot Coverage	[] Y [] N	LexShare Home Rental Coverage [] Y [] N
Section I: [] \$5,000 [] \$10,000 [] \$25,000		Cyber Safety Coverage [] Y [] N
[] \$50,000		Mandatory Evacuation Coverage [] Y [] N
Section II: [] \$5,000 [] \$10,000 [] \$25,000		Vandalism & Malicious Mischief Coverage [] Y [] N
[] \$50,000		Directors & Officers Coverage [] Y [] N
Sinkhole Coverage (Florida Locations)	[] Y [] N	Scheduled Personal Property (Supp App Required) [] Y [] N
HO6 Special Coverage A	[] Y [] N	Excess Flood Endorsement (Call To Inquire - Supp App Required) [] Y [] N
Mechanical Breakdown	[] Y [] N	
Pet Critical Injury Covg - # Dogs [] #Cats []	[] Y [] N	
Breed(s):		

Earthquake Coverage	[] Y [] N	EQ Zone	EQ Territory
If yes,	[] Standard [] Deluxe		
CALIFORNIA, OREGON AND WASHINGTON w/ earthquake		CALIFORNIA BRUSH	
Soil Type:	[] Hard Rock [] Soft Rock [] Stiff Clay	[] Soft Soil	Other: _____
Is Dwelling on tall walls or posts?	[] Y [] N	Is the property located in a brush zone?	[] Y [] N
If built > 1920 & < 1950, full seismic retrofitting?	[] Y [] N	Brush Density: [] Low [] Moderate [] Heavy [] Extreme	
Is the Dwelling Located on a Hillside?	[] Y [] N	Is there 150 feet of brush clearance around all structures?	[] Y [] N
Slope: _____ Degrees		Distance to Brush: _____ Feet	
Is there unrepaired earthquake damage?	[] Y [] N	Automatic Exterior Sprinkler within the brush area?	[] Y [] N
Is there extensive un-reinforced masonry cladding?	[] Y [] N	If Wood Shake roof, 1000 Feet of brush clearance?	[] Y [] N
		Fire Retardant Treatment?	[] Y [] N

**NOTE: Not all terms, coverage options, limits or deductibles are available for all carriers, states or policy forms

NOTICE TO APPLICANTS: PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR INSURANCE SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR BROKERS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NEW YORK APPLICANTS – CREDIT DISCLOSURE NOTICE: IN CONNECTION WITH THIS INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON INFORMATION CONTAINED IN THAT REPORT. AN INSURANCE SCORE USES INFORMATION FROM YOUR CREDIT REPORT TO HELP PREDICT HOW OFTEN YOU ARE LIKELY TO FILE CLAIMS AND HOW EXPENSIVE THOSE CLAIMS WILL BE. TYPICAL ITEMS FROM A CREDIT REPORT THAT COULD AFFECT A SCORE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: PAYMENT HISTORY, NUMBER OF REVOLVING ACCOUNTS, NUMBER OF NEW ACCOUNTS, THE PRESENCE OF COLLECTION ACCOUNTS, BANKRUPTCIES AND FORECLOSURES. THE INFORMATION USED TO DEVELOP THE INSURANCE SCORE COMES FROM TRANSUNION CORPORATION.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

AGENT'S SIGNATURE: _____ DATE: _____

AGENT'S NAME: _____

AGENT'S LICENSE NUMBER: _____

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

APPLICANT'S SIGNATURE: _____ DATE: _____



**NOT ALL SUPPLEMENTAL
APPLICATIONS ARE REQUIRED
FOR EVERY RISK**

To determine if a supplemental application is needed, review the instructions on the top of the supplemental application.

Corporation, LLC or LLP Named Insured Questionnaire

This supplement is only required if the applicant is a Corp, LLC or LLP

- 1. What is the name of the Corporation, LLC or LLP? Is there a TAX ID #? If yes, please provide.**

- 2. Why was the Corporation, LLC or LLP formed? (Please be specific, e.g., formed as real estate company (purchase/sales/rental/development); formed to provide liability protection for the principal(s); etc.)**

- 3. What are the name(s) and occupation(s) of the principal(s) of the Corporation, LLC or LLP (if self employed, please explain)? If there are multiple principals, what is their relationship to each other?**

- 4. Does the Corporation, LLC or LLP ever engage in any form of business activity, such as real estate purchase/sales/rental/development; manufacturing; retail or wholesale sales; etc? If yes, please indicate the exact nature of the business activity.**

- 5. Is any business activity ever conducted at the property to be insured or at the insured location?**

- 6. Does the Corporation, LLC or LLP own any properties other than the property to be insured?**

If yes, please indicate how many and their location(s) (city & state).

Corporation, LLC or LLP Named Insured Questionnaire

This supplement is only required if the applicant is a Corp, LLC or LLP

7. What is the occupancy type for the property to be insured, e.g., primary, secondary, seasonal, rental, etc.?

If other than rental, list the name(s) of the occupant(s) and their relation (if any, e.g., family, business, etc.) to the principal(s) of the Corporation, LLC or LLP, and how often the dwelling to be insured is occupied, e.g., 6 months, 12 months, etc.

8. If the property to be insured is a rental (secondary rental; seasonal rental, etc.), how often is it rented during the year?

Please indicate the relation (if any, e.g., family, business, etc.) of the occupants to the principal(s) of the Corporation, LLC or LLP.

9. If the property to be insured is not a rental, is it ever rented at any time during the year?

If yes, how often is it rented during the year; to whom is it rented; and what is their relation (if any, e.g., family, business, etc.) to the principal(s) of the Corporation, LLC or LLP?

10. Is the property to be insured ever vacant during the year? If yes, for how long?

11. Is there a permanent resident or caretaker living at the property to be insured or at the insured location? If yes, how many?

Please provide name(s).

Underwriting Questionnaire for Property Held in Trust
This supplement is only required if the applicant is a Trust

What is the complete name of the trust?

Who are the parties to the trust and what is their relationship to each other?

Name of Trustee?

Is the property the primary residence of the Trustee?

Name of Grantor?

Is the property the primary residence of the Grantor?

Name of beneficiary?

Is the property the primary residence of the Beneficiary?

If not the primary residence of the Trustee, Grantor or Beneficiary, who is using/
maintaining the premises?

UNPROTECTED RATING QUESTIONNAIRE

This supplement is only required for Protection Class 9 or 10

1. Name of Responding Fire Department _____
Phone Number _____
Contact _____
Protection Class _____
2. Paid or Volunteer _____
Response Time _____
Are roads paved and accessible year-round? _____
Any physical barriers? _____
Number of pumpers and pumping capacity (in gpm): _____
Number of tankers and capacity: _____
3. Is there a public hydrant w/in 1000 feet from the home? _____
If not describe the water source _____
Distance from dwelling _____
Amount of water available _____
Accessible by the Fire Department year-round? _____
Dry Hydrant installed? _____
4. Any full-time or live-in employees _____
Is dwelling occupied daily? _____
Central Station Fire and Burglar alarm system installed and monitored? _____
Is dwelling clearly visible with no obstructions to full time resident neighbors? _____
5. Comments: _____

Builder's Risk Supplemental Application

This supplement is only required for a Builder's Risk

Applicant Name:	
Occupation:	Employer:
Name of Contractor:	
Is Applicant related to contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, describe relationship?

Builder's Risk Type: (check one)	Renovation <input type="checkbox"/>	New Construction <input type="checkbox"/>
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If renovation, will applicant reside in dwelling during the course of construction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Building Permit: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Licensed Builder: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Construction Financing: (check one)	Private Financing <input type="checkbox"/>	Construction Loan <input type="checkbox"/>		
	Consumer Loan <input type="checkbox"/>	Mortgage <input type="checkbox"/>		

Construction or Renovation Start Date:	
Construction or Renovation Completion Date:	
Percentage of Construction or Renovation Completed:	%
Estimated Completed Value (land excluded)(Dwelling Amount on application should reflect this amount):	\$
Purchase Price:	\$

Security:

Gated Community: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Guarded Community: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Property Fenced: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Lighting on property: (street lighting not acceptable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Central Station Alarms: (check one)	None <input type="checkbox"/>	Fire <input type="checkbox"/>	Burglar <input type="checkbox"/>	Combo <input type="checkbox"/>	
Detailed Description of Renovations:					

Extended Coverages:

Theft of Building Material: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Extended Coverages: (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT'S SIGNATURE: _____ DATE: _____

New Short Term Rental Questionnaire

1. Insured's occupation? _____
2. Number of mortgages on this property? _____
3. Is there a management company contracted for this rental? __YES __NO
 - a. If yes, what is the company's general liability limit? _____
 - b. If yes, is the company asking to be added as an additional insured? __YES __NO
4. If no management company, how and who screens the renters? _____
5. Do you rent via Airbnb, VRBO or any other online rental marketplace? __YES __NO
6. What length of time is the dwelling offered for rental? (Check all that apply)
__Hourly __Daily __Weekly __Monthly __Annually Other (please explain) _____
7. What is the minimum number of nights rented per term? _____
8. What is the rate per night? \$_____
9. How many weeks per year is the property:
 - a. rented? _____(weeks)
 - b. vacant? _____(weeks)
 - c. Owner occupied? _____(weeks)
10. What purpose or use is the dwelling available for rent? (Check all that apply)
__Residential __Corporate/Business __Photo/Film shoot __Party/Reception/Wedding
__Exhibit/Show __Meeting/Workshop/Training Other (please explain) _____
11. What is the maximum number of tenants and their guests allowed in the dwelling? _____
12. Is the property inspected after each rental? __YES __NO
13. Is the property in a rental pool? __YES __NO
14. What is the minimum age for tenants (excluding children)? _____
15. Are there any employees (Maids, Groundskeepers, Caretakers, etc?) __YES __NO
 - a. If yes, are they resident employees? __YES __NO
16. Are there any swimming pools or trampolines on the property? __YES __NO
 - a. If yes, are they enclosed? Please provide details _____
17. Any other properties owned? __YES __NO
 - a. If yes, how many in total? _____ How many held for rental? _____