



Net Cost Advisors  
Expert Market Research

# Homeowners Insurance Application

Today's Date: \_\_\_\_\_

Named Insureds ( <i>names of all owners or renters of the property</i> )	Owner or Renter?	Occupation ( <i>used for rating</i> )	Date of Birth ( <i>for credit check</i> )
Inspection Contact:		Phone #:	Email:

Current Insurance Company	Current Annual Premium	Expiration Date	Requested Effective Date ( <i>of new policy</i> )

Your Mailing Address	City	State	Zip

## APPLICANT QUESTIONS

Yes / No

Has any insurance been declined, cancelled or non-renewed within the last 5 years?		
Any lapse in coverage within the last 5 years?		
Has anyone with financial interest in the property been convicted of arson, fraud or other crime related to a loss on property?		
Have you declared bankruptcy, foreclosure, or repossession in the last 5 years?		
If any of the answers above are yes, please explain:		

**OCCUPANCY - (check which applies)**

Is this Property Your:	Location 1	Location 2 (if any)	Location 3 (if any)
Primary Home			
Secondary Home			
Secondary Rental			
Rental			
Builders Risk or Under Construction			
Vacant			
Short Term Rental			

**LOSS HISTORY (prior 3 years, if none check here)**

Date	Type of Loss	Cause	Amount Paid	Open / Closed	Preventative Measures

**LOCATIONS**

<b>Insured Location 1:</b>					
<b>Street</b>	<b>Unit#</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>Insured Location 2 (if any):</b>					
<b>Street</b>	<b>Unit#</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>Insured Location 3 (if any):</b>					
<b>Street</b>	<b>Unit#</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>

# COVERAGES AND LIMITS OF LIABILITY

	Loc. 1 Limits	Loc. 2 (if any) Limits	Loc. 3 (if any) Limits
Dwelling			
Other Structures <i>(describe - e.g. detached garage, guest home, etc.)</i>			
Personal Property			
Loss of Use <i>(cost to rent)</i>			
Loss Assessment <i>(if in an HOA)</i>			
Personal Liability Limits <i>(against lawsuit)</i>			
Medical Payments			

DEDUCTIBLE SECTION	Loc. 1 Deductible	Loc. 2 Deductible	Loc. 3 Deductible
Deductible			
Water Deductible			
Earthquake Deductible			

## OPTIONAL COVERAGES

Extended Replacement Cost for Dwelling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> 25% <input type="checkbox"/> 50% Other: _____
Is Personal Property to be covered for Replacement Cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Water Backup Coverage Limits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K Other: _____
Mold – limit of coverage for property damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K Other: _____
Mold – limit of coverage for liability coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K Other: _____
All Risk Coverage for Personal Property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Equipment Breakdown Coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Increased Limits on Business Property <i>(if any)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Identity Fraud Coverage <i>(if any)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Ordinance or Law Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% Other: _____
Is this home under construction or major renovation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Theft of Building Materials <i>(For Homes under Construction)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Limit for coverage? _____
Soft Costs Extension <i>(For Homes under Construction)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

<b>Extend Liability to Additional Location w/o a structure. (e.g. vacant land).</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Address: _____ Description: _____
<b>Mandatory Evacuation Coverage (SC only)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<b>Flood Coverage</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Limit for Coverage: _____
<b>Jewelry Limit</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K Other: _____
<b>Fine Arts Limit</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K Other: _____
<b>Firearms Limit</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K Other: _____

**UNDERWRITING QUESTIONS** – Complete this page separately for every location to be covered.

**HOME CONSTRUCTION** (check where applicable)

RESIDENCE TYPE		CONSTRUCTION TYPE		SIDING		ARCHITECTURAL ELEMENTS	
Single Family Home		Wood Frame		Vinyl Siding / Plastic		Fence	
Apartment		Masonry		Stucco		Carport	
Condominium		Steel Frame		Cedar, Wood, Shingle		Screen / Lanai	
Townhouse		Log		Brick Veneer		Other (list)	
Rowhouse				Metal Sheathing			
Co-op				EIFSCG (on cinder block)			
				EIFSS (on studs)			

ROOF MATERIAL		ROOF SHAPE		ROOF ANCHOR		PROTECTION CREDITS	
Shingles Asphalt		Hip		Toenailing		Central Fire Alarm	
Tile		Gable		Clips		Central Burglar Alarm	
Metal		Flat		Single Straps		Smoke Detector	
Slate		Other		Double Straps		Interior Sprinklers	
Shake – Cement				Structural		Gated Community	
Shake Wood				Unknown		Monitored Cameras	
Other						Leak Defense System	

**RATING INFORMATION**

Year Built	# Families	#Stories	Sq. Footage	Distance To Fire Hydrant (Feet)	Distance To Fire Hydrant (Miles)
If Rented - # of weeks per year?		If Vacant – length of prior vacancy?			If Rented – is this dwelling available through any home sharing website?

**UPDATE INFORMATION** (required if year built is prior to 1987)

Roof (year)	Wiring (year)	Heating (year)	Plumbing
Repair or Replacement?	Repair or Replacement?	Repair or Replacement?	Repair or Replacement?
Was the dwelling gutted and completely remodeled? (yes / no):			Year of Remodel:

**DWELLING DETAILS:**

#Baths :	# of Beds:	Countertop Material:	Flooring Material:	# Fireplaces	Sq. Ft. Of Additional Structure

**ADDITIONAL BUILDING INFORMATION:**

**Yes/No**

Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section?		
Is property situated on more than one acre? If yes, # of acres: _____ Land used for: _____		
Is the dwelling bank owned, or is there an adverse possession, or cloud on the title?		
Does the dwelling include any live knob and tube wiring? <i>(Used in homes built before 1950 and will have only "two prong" outlets)</i>		
Does the dwelling include any fuses? <i>(used prior to the use of circuit breakers)</i>		
Does the dwelling include a circuit breaker with less than 100 amps? <i>(Used in homes built before 1970)</i>		
Does the dwelling include a Federal Pacific (FPE) Stab-Loc electric panel? <i>(The FPE Panel was used from 1950 to 1980 and has a high failure rate)</i>		
Does the dwelling include any lead piping as part of the plumbing system? <i>(Used in homes built before 1986)</i>		
Does the dwelling include any galvanized iron piping or cast-iron piping? <i>(Used in homes built before 1980)</i>		
Does the dwelling include any polybutylene piping? <i>(Used in some homes built between 1978 and 1995)</i>		
Does the dwelling include any lead paint? (paint prior to 1973)		
Does the dwelling have any asbestos exposure, external siding included? <i>(Used in some homes built between 1940 and 1980)</i>		
Any trampoline on premises? If yes, is there a net surrounding trampoline? <input type="checkbox"/> No <input type="checkbox"/> Yes Is the trampoline in a fenced yard? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Any swimming pool on premises? If yes, is pool fenced with locked gate? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, any slide or diving board? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> above ground <input type="checkbox"/> in ground		
Any business on premises? If yes, explain in remarks section.		
Is there a sinkhole on or adjacent to the property? <i>(If yes, include details in remarks below)</i>		
Is there a daycare operation or business located on premises?		
Any animals on premises? If yes, any of the following breeds <i>(full or mixed)</i> : Rottweiler <input type="checkbox"/> No <input type="checkbox"/> Yes Pit Bull <input type="checkbox"/> No <input type="checkbox"/> Yes German Shepherd <input type="checkbox"/> No <input type="checkbox"/> Yes Chow <input type="checkbox"/> No <input type="checkbox"/> Yes Doberman <input type="checkbox"/> No <input type="checkbox"/> Yes Presta Canario <input type="checkbox"/> No <input type="checkbox"/> Yes Akita <input type="checkbox"/> No <input type="checkbox"/> Yes Other – List: _____		
Is the dwelling for sale?		
Is the unit rented to students?		
Is the dwelling undergoing any renovation or construction? If yes, requires supplemental application.		
Is there a woodstove on premises? If yes, requires supplemental application.		

<p>Is there a fuel tank on premises?          If yes, <input type="checkbox"/> Underground <input type="checkbox"/> Basement <input type="checkbox"/> Above Ground          If yes, what type and size? <input type="checkbox"/> Propane <input type="checkbox"/> Gasoline Other: _____ Size: _____</p>		
<p>Is the dwelling on the National Historic Registry?          If yes, tours? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>If building is occupied, is the current tenant(s) in the process of being evicted?</p>		
<p>Is there 150 feet of brush clearance around all structures?</p>		
<p>Was the structure originally built for other than a private residence and then converted?</p>		

**REMARKS/Additional Information:**

**LENDER INFORMATION:**

**Additional Insured (Name/Mailing Address)**

**Grantor, Beneficiary or Trustee (For Named Insureds that are Trusts, Estates, etc.)**

**Mortgagee (Name/Mailing Address)**

**Loan#**

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**Mortgagee (Name/Mailing Address)**

**Loan#**

# BRUSHFIRE QUESTIONNAIRE

Is there 150 feet of brush clearance around all structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the home has a Wood Shake roof, is there 1,000 feet of brush clearance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is home located next to a hill with Brush? If yes, what is the nearest distance to brush? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any open eaves on home? <i>(for example, gables with screens allowing air to pass to the attic)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any trees overhanging the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are gutter guards currently installed? <i>(Gutter guards are protective screens that prevent leaves and debris from accumulating in gutters)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are their bird stops currently installed? <i>(Bird stops plug roofing gaps to prevent nesting materials from accumulating)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is an automatic water shutoff installed? <i>(Automatic shutoffs are activated by either high temperatures or seismic activity)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is an automatic gas shutoff installed? <i>(Automatic shutoffs are activated by either high temperatures or seismic activity)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is anyone in the household currently a smoker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the home have automatic sprinklers in the interior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a Wildfire Mitigation System installed? <i>(Wildfire mitigation systems can include proximity heat sensors and roof-based sprinklers)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there liquid propane container stored on site that is over 40lbs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a scheduled brush clearance procedure in place <i>(e.g., every June)</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide details on any yes answers above: