

DWELLING FIRE APPLICATION



Check the appropriate application type Builder's Risk DP1 DP2 (includes water) NEW

Renewal # _____

Agent Name _____ Agent Address _____

Named Insured(s) and Birth Date(s) _____

SSN _____ Phone # _____

Insured's Mailing Address _____

City _____ State _____ Zip _____

Risk Location (if rural, give exact driving details) _____

Policy Period From _____ (effective 12:01 a.m.) To _____ County _____

Mortgage _____ Loan # _____ Mortgage Fax # _____

Complete Address _____

DESCRIPTION

of stories _____ Roof _____ Construction _____ Year built _____ Sq. Ft. _____

Distance to fire station _____ miles Market Value _____ Occupancy _____

Check protection class 1 2 3 4 5 6 7 8 9 10

Amount of Coverage

\$ _____ A. Dwelling Underwriting Comments

\$ _____ B. Other Structures _____

\$ _____ C. Personal Property _____

\$ _____ Total _____

UNDERWRITING QUESTIONS	Yes	No
Is risk in the city limits?		
Is risk vacant or unoccupied?		
Is risk occupied by more than one family?		
Is business conducted in a risk? *If YES, not acceptable.		
Any previous losses on any properties in the past 5 years? If YES, explain on following page.		
Any previous fire losses? *If YES, explain on following page.		
Have you inspected this risk?		
Has risk been cancelled, nonrenewed, or declined by another company? If YES, explain on following page.		
Is dwelling under contract of sale? If so, give name .		
Is risk within fire protection district? If YES, give name of responding fire dept. below.		
Is there a wood burning stove located in the risk?		
If YES, is stove correctly installed?		
Any updates to heating or electrical?		
Has named insured filed bankruptcy in the last 3 years?		
Is applicant gainfully employed?		

DWELLING FIRE APPLICATION



Explanation of property losses _____

Explanation of fire losses _____

Explanation of why risk was cancelled, nonrenewed, or declined _____

Name of contract of sale _____ Name of responding fire dept. _____

BUILDING REMODELING (INCLUDE YEAR)

How long have you known the applicant? _____ yrs. _____ mos.

How long has applicant been employed by current employer? _____ yrs. _____ mos.

If less than 1 year, how long was applicant employed with prior employer? _____ yrs. _____ mos.

Name of previous insurance carrier (complete below if carrier given) _____

Type of policy form _____ Policy date(s) _____

Policy number _____ Amount of insurance _____

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____

By signing this application for insurance, I hereby authorize and instruct OWENS INSURANCE AGENCY, INC. to obtain and review my credit report. My credit report will be obtained from Equifax and I understand and agree that OWENS INSURANCE AGENCY, INC. intends to use the credit report for the purpose of evaluating and underwriting my application for insurance.

I authorize: _____ I do not authorize _____