

HOMEOWNERS APPLICATION



Check appropriate application number _____ Homeowners 8 _____ Homeowners 3
 Agent Name _____ Agent Address _____

APPLICANT INFORMATION

Named Insured(s) _____
 Birth Date(s) _____ SSN _____ Residence Phone # _____
 Insured's Mailing Address _____ City _____ State _____ Zip _____
 Risk Location (if rural, give exact driving directions) _____
 Policy Period From _____ at 12:01 a.m. To _____ County _____ Mortgage Fax # _____
 Mortgage _____ Loan Number _____ Complete Address _____

DESCRIPTION

No. of Stories _____ Roof _____ Construction _____ Year Built _____ Sq. Ft. _____
 Distance to Fire Station _____ Miles Market Value \$ _____
 Protection Class (mark with "X") _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10

Amount of Coverage	A. Dwelling	\$ _____	D. Loss of use	\$ _____
	B. Other structures	\$ _____	E. Personal Liability	\$ _____
	C. Personal property	\$ _____	F. Medical Payments	\$ _____

Underwriting Comments: _____

UNDERWRITING QUESTIONS

- | | |
|--|---|
| <p>1. Is risk in city limits? _____ Yes _____ No</p> <p>2. Is risk within 1,000' of a fire hydrant? _____ Yes _____ No</p> <p>3. Is risk vacant or unoccupied?
If YES, not acceptable. _____ Yes _____ No</p> <p>4. Is risk occupied by more than one family? _____ Yes _____ No
If YES, not acceptable.</p> <p>5. Is business conducted in risk?
If YES, not acceptable. _____ Yes _____ No</p> <p>6. Any previous losses on any properties
in the past 5 years? If YES, explain. _____ Yes _____ No</p> <p>7. Any previous fire losses?
If YES, explain. _____ Yes _____ No</p> <p>8. Have you inspected this risk? _____ Yes _____ No</p> <p>9. Has risk been cancelled, nonrenewed,
or declined by another company?
If YES, explain. _____ Yes _____ No</p> <p>10. Is dwelling under contract of sale?
If YES, not acceptable. _____ Yes _____ No</p> <p>11. Is risk within fire protection district? _____ Yes _____ No
Name of responding fire department. _____</p> | <p>12. Is there a wood burning stove located _____ Yes _____ No
in the risk? If Yes, is stove correctly _____ Yes _____ No
installed?</p> <p>13. How long have you known the applicant? ____ Yrs ____ Mos.</p> <p>14. Name of previous insurance carrier. _____
Type of Policy Form _____ Policy Date (s) _____
Policy # _____ Amount of insurance _____</p> <p>15. Any updates to heating or electrical? _____ Yes _____ No
List year: Heating _____ Electrical _____</p> <p>16. Has named insured filed bankruptcy in _____ Yes _____ No
the last 3 years?</p> <p>17. Is applicant gainfully employed? _____ Yes _____ No</p> <p>18. How long with current employer? _____
If less than 1 year, how long was applicant employed with
prior employer? _____</p> <p>19. Any animals? _____ Yes _____ No
Swimming pool? _____ Yes _____ No
Stable neighborhood? _____ Yes _____ No</p> <p>Description of satellite/antenna (if applicable) _____
Serial #: _____</p> |
|--|---|

Signature of applicant: _____ Date: _____

Signature of agent: _____ 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 _____