

HOMEOWNERS/DWELLING FIRE/CONDO APPLICATION (3/09)

Quote Number _____

Please fill in Completely.

Check One

- HOA
- HOB
- HO1
- HO2
- HO4
- HO6
- HO8
- DP-1

- PRIMARY
- SECONDARY
- SEASONAL
- TENANT OCC.

POLICY PERIOD _____ TO Same Date 12 months

Insured Name _____

Address to be Insured: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

LOT _____ BLOCK _____ ADDITION: _____

Phone Number: _____ Alternate Phone Number: Cell Work _____

Mailing Address: (if different from insured property)

PRIOR ADDRESS (if less than 12 months at insured address)

#	STREET	APT #	CITY	STATE	ZIP

INSURED'S: OCCUPATION _____ SPOUSE _____
 HOW LONG AT CURRENT JOB? _____ SPOUSE _____
 BIRTHDATE _____ SPOUSE _____
 SSN _____ SSN _____

1ST MORTGAGEE'S NAME: _____ LOAN # _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

2ND MORTGAGEE'S NAME: _____ 2'nd LOAN # _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

YEAR HOME BUILT _____ SQUARE FOOTAGE _____ Stories _____ SLAB PIER & BEAM
 GARAGE: ATTACHED FREE STANDING NONE
 CONSTRUCTION: Frame Asbestos / Stucco Brick Veneer Brick/Masonry Aluminum Siding Adobe
 ROOF: COMPOSITION METAL TILE SHAKE INSIDE CITY LIMITS? YES NO
 DISTANCE FROM FIRE HYDRANT? WITHIN 500' 501' - 1,000' OVER 1,000'

***NOTE: IF WANTING CONDO COVERAGE PLEASE COMPLETE THE DWELLING BLANK FOR THE INSURED'S IMPROVEMENTS & BETTERMENTS THAT ARE IN EXCESS OF \$10,000. PLEASE COMPLETE THE PERSONAL PROPERTY FOR INSURED'S CONTENTS.

LIMITS: Dwelling \$ _____ Unscheduled Personal Prop. \$ _____
 Add. Living Expenses \$ _____ Water Coverage \$ _____
 Liability \$ _____ Med. Pay. \$ _____ Add. Structures \$ _____ (not attached to home)
 Purchase Price \$ _____ Replacement Cost \$ _____ ACV \$ _____

ALL QUESTION MUST BE ANSWERED

	YES	NO
ROOF REPLACED ? (If "Yes", When) _____	<input type="radio"/>	<input type="radio"/>
ROOF CONDITION: Excellent <input type="radio"/> Good <input type="radio"/>		
Number of Layers: <input type="checkbox"/> Fair <input type="radio"/> Poor <input type="radio"/>		
ALUMINUM WIRING?	<input type="radio"/>	<input type="radio"/>
Wiring Replaced? (If "Yes", When) _____	<input type="radio"/>	<input type="radio"/>
Plumbing Replaced ? (If "Yes", When) _____	<input type="radio"/>	<input type="radio"/>
CENTRAL AIR ?	<input type="radio"/>	<input type="radio"/>
CENTRAL HEAT ? (If "No", Describe in Remarks)	<input type="radio"/>	<input type="radio"/>
Wood Burning Stove / Space Heater?	<input type="radio"/>	<input type="radio"/>
Any Livestock, Exotic or Domestic Pets (If "Yes", Describe Fully in Remarks)	<input type="radio"/>	<input type="radio"/>
Pool or Hot Tub ?	<input type="radio"/>	<input type="radio"/>
IF Yes, Is it Fenced ?	<input type="radio"/>	<input type="radio"/>
Lot Size over 5 Acres? If " Yes " # oF Acres <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Business On Premises ? (If "Yes", Describe Fully in Remarks)	<input type="radio"/>	<input type="radio"/>
Any Construction or Remodeling ?	<input type="radio"/>	<input type="radio"/>
Any Unrepaired Damages ?	<input type="radio"/>	<input type="radio"/>
IS Dwelling a Mobile Home or Portable Building ?	<input type="radio"/>	<input type="radio"/>
IF YES , PLEASE SUBMIT.		

	YES	NO
Has anyone with a Financial Interest in this property been Convicted of, Arrested for or Charged with Arson, Fraud or Other Crimes related to a loss on property owned now or during the past 10 years? (If "Yes", Please Describe in Remarks)	<input type="radio"/>	<input type="radio"/>
PREVIOUS CARRIER: _____		
POLICY NUMBER: _____		
What type of coverage was previously carried on this Dwelling ? _____		
Any Cancellations, Declinations or Non-Renewals in the past 5 Years ? (If "Yes", Explain in Remarks)	<input type="radio"/>	<input type="radio"/>
STATE REASON You are Applying through a Non Standard Market. BE SPECIFIC: _____		
How Long Have you lived in the Home ? _____		

LIST ALL LOSSES IN THE PAST 10 YEARS

NONE

DATE: _____ CAUSE: _____	\$ _____
DATE: _____ CAUSE: _____	\$ _____
DATE: _____ CAUSE: _____	\$ _____
DATE: _____ CAUSE: _____	\$ _____

Be sure to give specifics of losses, IE: CAUSE: WATER NEED WHAT HAPPENED, NOT JUST WATER LOSS.)

Remarks / Details

PRODUCER WARRANTIES **Do Not Fill This Section** Reserved for Agency Use

Have you personally (or your agency representative) inspected this risk in the last 60 days?
If YES, do you recommend this risk from the standpoint of pride of ownership and state of repair?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

PRODUCER: _____

Insurance Plus

**2555 Inwood Rd. # 247
Dallas, Texas 75235
(214) 351-4097**

HOMEOWNERS / DWELLING POLICY RESTRICTION (03/01/2009)

THIS POLICY CONTAINS THE FOLLOWING MAJOR LIMITATIONS OR EXCLUSIONS.

PLEASE READ THEM CAREFULLY

1. Premium is 25% fully earned.
2. All policy fees and inspection fees are fully earned.
3. If the wording attached to this policy is a HOA, HO1 or HO8 form then this policy wording provides you with NO coverage for water damage unless the water entered the home as a result of a covered peril(s). Form HOA *PREMIER*, HO1 *PREMIER*, HOA *PLUS*, HO1 *PLUS*, HOB, HOB *PREMIER*, HO2, HO2 *PREMIER*, HOC, HO3, HO6 or DP1 with water coverage is limited to \$5,000, unless additional coverage is purchased, and subject to policy restrictions.
The word "PLUS & PREMIER" designates that the policy form has been enhanced to include water damage subject to policy restrictions. Please note the roof clause (NUMBER 10) that appears below in this restriction page.
4. Section 1 – Exclusions #3 is void and replaced with the following. We do not cover loss caused by or resulting from the enforcement of any ordinance or law regulating the construction, repair or demolition of a building or structure.
5. This policy does not cover transmission of communicable diseases, assault and/or battery, punitive or exemplary damages, pollution or lead contamination, asbestos and silica dust and/or toxic dust exclusion.
6. Policy valuation is based on 80% of actual cash value OR replacement cost on Dwelling Only, upon request.
7. There is no coverage provided hereunder for business property, business related property, gems, art, stamps, money, coins, bullion, boats, motors or guns unless scheduled hereunder and a premium paid therefore.
8. Coverage for personal property away from premises limitation is 10% of the contents limit or up to a maximum of \$1,000. No coverage is provided for property of the insured's left in an unattended automobile or truck unless proof of forced entry is provided.
9. Roofs in worn out condition or older than the normal life expectancy of a standard roof are not insured for hail and/or wind damages. Also, no coverage is afforded for the removal of multiple layers of roofing in the event of a covered loss.
10. Swimming pools must be fenced and comply with all local ordinances and subject to policy conditions.
11. Premises vacant or unoccupied over 20 days renders this policy null and void.
12. This policy does not cover the described premises in the event of change of ownership or occupancy.
13. This policy does not cover liability for property damage or bodily injury caused by any animals or pets wither owned by the insured or not and wither disclosed or not on the application.
14. Notwithstanding any other provision in this policy, no coverage of any kind is afforded by this policy for any damage to insured property, whether caused directly or indirectly by a covered peril, resulting from rust, rot, mold or other fungi, spores, dust, contamination, deterioration, pollutants, asbestos, communicable disease, or infestation of rodents, insects or any other living organisms. Further, no liability coverage or legal defense will be provided for any third party bodily injury, property damage or medical payment claim resulting from or arising out of or alleged to have resulted from or arisen out of, any of such aforementioned conditions.
15. In consideration of the premium charged, no liability or property damages or medical payments arising out of the ownership, maintenance, use or existence of any trampoline or similar rebounding device.
16. We do not cover loss including loss of use, under coverage caused by settling, cracking, bulging, shrinkage, or expansion of foundation, walls, floors, ceilings, roof structures, walks, drives, curbs, fences, retaining walls or swimming pools.
17. There is NO coverage provided by this policy for damage caused by or resulting from bursting, breaking, seeping or leaking pipes in or below the ground floor slab or if there is no slab in or below the first floor surface. Further, NO coverage is provided for the cost of accessing any such leak in order to do repairs.
18. No coverage is provided for business and/or home business buildings, structures, machinery or equipment. Further, no liability coverage is provided for any business activity whether at the home, business or away from the insured's premises.
19. No coverage is provided by this policy for liability or physical damage for a All Terrain Vehicle (ATV).
20. No legal defense is provided by this policy for any third party property damage or bodily injury arising from any cause for which this policy provides no coverage.
21. There is no Appurtenant Structures coverage provided by this policy unless a scheduled limit is indicated on the policy declaration page.

DECLARATIONS OF THE INSURED:

1. The described premises are occupied by not more than one family and not more than one roomer or boarder per family.
2. The above premises of the described dwelling are the only premises where the Named Insured or spouse maintains a residence.
3. No business pursuits are conducted on the premises of the described dwelling.

If Not, explain in REMARKS

I acknowledge and warrant that the information given in this application even if not in my handwriting, is true and correct to the best of my knowledge and belief.

SPECIAL NOTICE: As part of our underwriting procedure, a routine inquiry and/or a consumer credit report may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made will be provided.

***** **Application does not constitute Coverage or Binding** ***** This Application must be fully completed, signed and dated by the insured or it may not be accepted by the underwriters.

*******RESTRICTION PAGE IS VALID ON ORIGINAL POLICY AND ANY RENEWAL THEREOF*******

Signature: _____

Date

Payment Options

Bill My Mortgage Co. Escrow

My Mtg. Account listed above is escrowed.
Please bill my Mortgage Co. Detailed above.

Bill My Credit / Debit Card

Print and Mail with Check or other

Card Type

Card
Number

Exp. Date:

enter as **MM / YY**

Billing ZIP

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