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Florida Homeowner Application

01/2008

____ New ____ Renewal Prior Policy # _____

Policy Type: (circle one) **HO3 HO6 B/Risk**

Insured Information:

Limits of Policy:

Name: _____

Coverage A: Dwelling \$ _____

Mailing Address: _____

Coverage B: Other Structures \$ _____

City: _____ State: _____ Zip: _____

Coverage C: Contents \$ _____

Phone Number: _____

Coverage D: Loss of Use \$ _____

Insured Location: _____

Coverage E: Liability \$ _____

City: _____ State: _____ Zip: _____

Coverage F: Medical Payments \$ _____

County: _____

Optional Coverages Selected:

(Must Be Completed At Time Of Binding)

Social Security #: _____

Name of Employer: _____

Nature of Business: _____

Pre Retirement/Position Held: _____

Deductibles:

Will be determined by the company based on limit and proximity to the coast.

Agency Information:

Name: _____

Eligible for Windpool: Y N Exclude Wind: Y N

Address: _____

Property Occupancy Information at Time of Binding:

City: _____ State: _____ Zip: _____

Primary / Secondary / Tenant Occupied / Builders Risk (circle)

Phone/Fax Numbers: _____ / _____

Is the home occupied daily? Y N

Mortgagee(s) Information:

Loan Number 1: _____

Gated Community? Y N

Name: _____

ISO Territory#: _____ Protection Class: _____

Address: _____

Distance to Fire Hydrant: _____ ft. Fire Station: _____ miles

City: _____ State: _____ Zip: _____

Smoke Detectors: Y N

Loan Number 2: _____

Central Alarm: Fire: Y N Burglar: Y N

Name: _____

Condo/Community Name:

Address: _____

Distance to Coast*: _____ miles or _____ feet

City: _____ State: _____ Zip: _____

Storm Shutters? Y N

Hurricane Straps: Y N

Type of Construction (circle one): (No Modular or Mobile Homes)

Update Information-Required if home is over 25 yrs old.

MASONRY FRAME

Type Full/Partial Year Completed

Type of Foundation (circle one):

Wiring

Concrete Slab Concrete Blocks Pilings/Stilts

Plumbing

Square Footage: _____ Type of Roof: _____

Heating

Year Built: _____ Age of Roof: _____

Roof

Year Purchased: _____ # of Stories: _____

If "Full Updates" indicated, was Building gutted

If new purchase - Closing Date: _____

to walls & foundation?

Is home listed on Historic Registry? Y N

* Coast defined as: Ocean, Gulf, Tampa Bay or Intracoastal.

Prior Bankruptcy? Y N When?

Additional Exposures:

Animals on the Premises? Y N Type: _____ Breed: _____ Incidents in last 3 years: Y N
Swimming Pool on Premises? Y/N Fenced/Screened? Y/N Pool Slide? Y/N Diving Board? Y/N Trampoline? Y/N

List Other Structures on the Premises:

Any Business Conducted on the Premises? Y N Details: _____

Any Child Care / Day Care Activities? Y N Details: _____

Additional Information or Remarks: _____

Prior Carrier and Loss Information:

Previous Carrier: _____ Expires: _____ Expiring or Renewal Premium: \$ _____

Reason for Not Renewing: _____

Insured's Three Year Loss History at Any Location - Including any Sinkhole/Subsidence History - Must Be Filled Out Completely or Answered "None".

<u>Date:</u>	<u>Type of Loss:</u>	<u>Cause:</u>	<u>Amount:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What preventative measures have been taken to prevent future losses? Explain:

NOTE OF INSURANCE INFORMATION PRACTICES: Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or your agent may in certain circumstances be disclosed to third parties. 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. Contact your agent/broker for instruction on how to submit a request to us.

NOTE: Agent has no binding authority! Please call or fax JHA for same day binding. Send signed application and net premium payment within 7 days. Application must be fully completed, dated, and signed by Named Insured. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Section 817.234.F.S.

NOTE: It is agreed that the property will be occupied within 7 days of binding coverage unless otherwise advised. Properties inspected and found to be unoccupied will be canceled.

Producer's Signature: _____ License#: _____ Date: _____

Applicant's Signature: _____ Date: _____

Print Applicants Name: _____

SUPPLEMENTAL APPLICATION - REQ'D FOR ALL SUBMISSIONS 01/2008

1. Which description BEST describes the use/exposure of the property?

_____ A. Year round occupancy by Named Insured or Principal/Officer of Corporation

_____ B. Secondary or Seasonal occupancy (No Rental). How many months occupied? _____

If the property is Seasonal/Secondary it is REQUIRED that a Contracted Custodian/Agent/Manager will enter and check the premises AT LEASE ONCE WEEKLY TO BE ELIGIBLE FOR COVERAGE.

Name: _____ Local Phone # _____

_____ C. Year round occupancy by a Tenant with ANNUAL LEASE.

Tenant Name: _____ Res. Phone#: _____

_____ D. Secondary or Seasonal occupancy PLUS RENTAL by a property manager/rental agent.

If the property is Seasonal/Secondary it is REQUIRED that a Contracted Custodian/Agent/Manager will enter and check the premises AT LEASE ONCE WEEKLY TO BE ELIGIBLE FOR COVERAGE.

Name: _____ Local Phone # _____

_____ E. Available year round for rental by property manager/rental agent. Minimum Rental period? _____

_____ F. Property is used as a Builder's Model or Lease Back. For How Long? _____

_____ G. Builders Risk? _____ Renovation? _____ If renovation, partial or complete? _____
Builders Risk Supplement Must Be Completed.

_____ H. Property is Vacant or Unoccupied. Since when? _____ To Be Held For Sale? _____

2. If the Named Insured is a Corporation, LLC, Partnership, a Trust or similar entity, please complete the Supplemental Named Insured / Corporate Questionnaire

3. If the property is located in a Gated Community or has limited access, provide local contact for inspection: Name _____ Phone _____

NOTE: It is agreed that the property will be occupied, etc. as noted above within 7 days of binding coverage unless otherwise advised in writing at time of binding. Properties inspected and found to be unoccupied will be canceled

NOTE: This Supplement must be fully completed, dated, and signed by Named Insured and Producer. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Section 817.234.F.S.

Producer's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Print Applicants Name: _____