

National Risk | *Solutions*

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or email below where we may return your quote promptly.

Once complete please:

1. Click Submit button here → [\[Link\]](#) to email your application

OR

2. Fax application to (877)743-4252

If you have any questions, please do not hesitate to contact us at (866) 417-4855.

We appreciate your business.

Sincerely,

The National Risk Solutions Team

Agency Name:

City, State, Zip:

Agency contact:

Email Address:

Phone Number:

Fax Number:

Additional Information:

HOMEOWNER APPLICATION HO-3

Applicant Information			
First Name	Middle Initial	Last Name	Suffix
Date of Birth	Last 4 digits of Social Security Number		Phone Number
Applicant's Occupation:			
Policy Effective Date:		Policy Expiration Date:	

General Underwriting Questions		
During the past five years has any applicant been convicted of insurance fraud, arson, material misrepresentation or had a bankruptcy or foreclosure?		If Yes, risk will not qualify for program.
Is this risk in the name of an LLC, Corporation or Trust?		
Is there any form of commerce (ex: buying/selling properties, property flipping)?		If Yes, please explain:
Corporation Type:		
Name of LLC, Corporation or Trust:		
Is this a high profile client?		If Yes, please explain:
Any coverage declined, cancelled or non-renewed during the last 3 years?		If Yes, please explain:
Any farming or other business conducted on premises? (Including day/child care)		If Yes, please explain:
Any residence employees? (Number and type of full and part-time employees)		If Yes, please explain:
Is property situated on more than 5 acres?		If Yes, please explain:
Is there a trampoline, tree house or playground on the premises?		
Are there any vicious breeds or exotic pets kept on premises?		# of animals in household, breed and bite history:

Current/Mailing Address					
Street Number	Street Name	Zip Code	City	County	State

Risk Location Address					
Street Number	Street Name	Zip Code	City	County	State

Limits & Deductibles

Dwelling Value - Coverage A	\$
Other Structures - Coverage B	\$
Personal Property - Coverage C	\$
Loss of Use - Coverage D	\$
Personal Liability	\$
Medical Payments	\$
Hurricane Deductible	
AOP Deductible	\$

Property Information

Does the insured currently have insurance in place?		Square Footage:	
Has there been a lapse in coverage?		Year Built:	
Is this a first time purchase?			
Is risk located in Special Hazard Flood Area A or V?		Has the property been completely gutted and refurbished?	
Does Insured have primary flood insurance?		Year Refurbished:	
Is the home for sale?		What is the primary heating source?	
Is the home vacant?		Is there a supplemental/secondary heating source?	
Is the building undergoing renovation or reconstruction?		Is there a swimming pool?	
Occupied by:		Is there a fence at least 48 inches high with a self-locking gate?	
Occupancy type:		Is there a diving board or slide?	
Rental Term:		Roof Material:	
Number of Families:		Roof Geometry:	
How many stories are in the building?		Roof-to-Wall Attachments:	
Garage Size:		Roof Sheathing:	
Garage Style:		Age of roof?	
Dwelling Quality:		Protection Class:	
Construction type:		Distance to Hydrant (ft):	
Wall Finish:		Distance to Fire Station (mi):	
Foundation Type:		Window Protection:	

Protection Devices

Burglar Protective Device:	
Fire Protective Device:	
Water Protective Device:	

Updates/Renovations

	Wiring	Plumbing	Heating	Roof
Year of Update/Renovation:				
Status of Renovation:				

Optional Coverages

Personal Injury:		Identity Fraud:	
Increased Ordinance or Law:		Golf Cart Coverage * # of Golf Carts * Yr/Make/Model * VIN/Serial #	
Extended Replacement Cost:		Personal Property Replacement Cost:	
Water Backup: *Indicate type of Basement		Screened Enclosure and Carport Coverage: *Indicate amount of coverage	
Loss Assessment:		Animal Liability:	
Mold:	\$10,000/\$50,000 included		

Loss History

Any losses, whether or not paid by insurance, during the last 3 years, at this or at any other location?						
Date of Loss	Type	Claims Status:	Status of Repairs:	Amount Paid:	Description of Loss:	Please indicate measures taken to prevent further losses:

Additional Interests

Additional Insured:	Name	Address	
1.			
2.			
Mortgagees:	Name	Address	Loan #
1.			
2.			

Scheduled Inland Marine

	Number of Articles	Amount of Insurance	Value	Description
Bicycles:				
Camera & Projection Equipment (Non-professional):				
Coins, Collectibles & Trading Cards:				
Fine Art - No Breakage:				
Fine Art - With Breakage:				
Furs (Personal):				
Golfer's Equipment:				
Guns - Collectible:				
Guns - Fired:				
Jewelry (Personal):				
Jewelry (In Vaults):				
Miscellaneous Personal Property:				
Musical Instruments (Non-professional):				
Other Sports Equipment:				
Stamps:				

I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I understand that as part of routine underwriting, an investigative consumer report or credit report may be obtained as well as an inspection of the property for which coverage is being requested.

Insured Signature: _____ **Date:** _____

Agent Signature: _____ **Date:** _____