

# Lloyds Specialty Application

Producer Information		Insured Information			
Producer Name:		Name:			
Address:		Mailing Address:			
Ph#:		Ph#:		Insured Date of Birth:	

Effective Date:		Expiration Date:			
Prior Carrier Name:		Expiring Premium:			
Risk Location Address:		City:	State:	Zip:	County:

Coverage & Deductibles			
Form Type:	HOB	Hurricane & Wind/Hail Deductible:	
Cov A (Dwelling):		AOP Deductible:	
Cov B (Other Structures):			
Cov C (Personal Property):		RCV Dwelling:	Included in Premium
Cov D (Loss of Use):		RCV Personal Property:	Included in Premium
Cov E (Liability):		Accidental Discharge/Water Buy Back:	Included in Premium
Cov F (Medical Payments):			

Optional Coverage/Endorsements		Additional Insured/Interest/Mortgagee		
Water Damage & Theft Limitation Exclusion:		Type	Name	Address
Extended Liability for Additional Residences				
Occupancy	Address			

Property Information			Protective Alarms/Devices	
Year Built:		Protection Class:		Central Fire:
Construction:		Dist. To Fire Hydrant (feet):		Central Burglar:
Occupied By:		Dist. To Fire Station (miles):		Interior Sprinklers:
Occupancy Type:		Fire Dept:		Smoke Detectors:
If rented, # of weeks per year:		# of Families:		Deadbolts:
Roof Type:		# of floors?		Fire Extinguishers:
Roof Material:		Square Footage:		

Mitigation		Renovations & Updates			
Roof Straps:		Roof	Electrical	Plumbing	HVAC
Protective Glass:		Year of Update:			
Metal Electronic Shutters:		Complete/Partially Updated:			
Metal Manual Shutters:					
Plywood Shutters:					

Loss History					
Date of Loss	Cause	Amount Paid	Open/Closed	Unrepaired Damage?	Preventative Measures

General Underwriting Information		
	Yes/No	If Yes, please provide explanation
1. Within the last 5 years has the applicant had a foreclosure, bankruptcy, repossession, or lien?		
2. Any farming or other business conducted on premises (including day/child care)?		
3. Is the dwelling undergoing any renovation or construction?		
4. Is property situated on more than 5 acres? (If Yes, describe land use)		
5. Any uncorrected fire or building code violations?		
6. Is there a trampoline, tree house or playground on the premises?		
7. Has there been a lapse in coverage?		
8. Is house for sale?		
9. Is the dwelling rented to students?		
10. Is there a pool on the premises?		
a. Does the pool have a diving board or slide?		
b. Is the pool protected by hedges, a self-locking gate, or self-locking pool cage?		
10. Is there a wood stove on the premises?		
11. Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or within the last 5 years?		
12. Is Property situated on more than 5 acres of land?		
13. Do you or any tenant that occupies the premises own any animals?		
Type:	Breed:	Bite History:
Additional Comments		

I have read the above application and declare that to the best of my knowledge and believe 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, a consumer report may be obtained as well as an inspection of the property for which coverage is being requested.

Insured Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

NOTICE OF REQUIREMENT OF WRITTEN CONSENT FROM OTHERS PRIOR TO  
ASSIGNMENT OF ANY CLAIM BENEFITS

**Assignment of Claim Benefits.** No assignment of claim benefits, regardless of whether made before or after loss, shall be valid without the written consent of all 'insureds, and all mortgagee(s) named in this Policy.

Assignment of insurance claim benefits are valid in Florida. However, in consideration of us providing this policy and the coverages herein, all named insureds do hereby knowingly, freely, and voluntarily waive such right to assign claim benefits available under this policy unless all named insureds, and all named mortgagees also consent to such assignment in writing. This written consent must be presented to us prior to such assignment being honored.

**ACKNOWLEDGEMENT OF WRITTEN CONSENT REQUIREMENT**

It is hereby agreed between you, the insured, and us that any assignment of benefits which do not have the written consent of all named insureds, and all named mortgagees, is not valid and will not be honored.

\_\_\_\_\_  
Applicant's/ Named Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's /Named Insured's Signature

\_\_\_\_\_  
Date

**All named insureds must sign above.**