

**NRS
HOMEOWNER APPLICATION**

Producer Information			Applicant Information		
Producer Name:		Applicant Name:			
Address:		Mailing Address:			
Phone #:		Phone #:		DOB:	

Effective Date:		Expiration Date:			
Prior Carrier Name:		Expiring Premium:			
Risk Location Address:		High Profile Client?			

Trust/LLC/Corporation			
Name of Trust/LLC/Corp:		Type:	
Is there any form of commerce? (Ex. Buying/selling or property flipping?)			

Coverages & Deductibles			
Cov A (Dwelling):		Named Storm:	
Cov B (Other Structures):		Wind/Hail:	
Cov C (Personal Property):		AOP:	
Cov D (Loss of Use):			
Cov E (Liability):			
Cov F (Medical Payments):			

Additional Coverages			
Ext. Replacement Cost – Dwelling:		Golf Cart Coverage:	
Personal Property Replacement Cost:		# of Golf Carts:	
Loss Assessment:		Coverage C Special Perils:	
Water Backup:		Coverage C Increased Limits:	
BPP Increased Limits:		Utility Line Coverage:	
Personal Injury:		Equipment Breakdown:	
ID Fraud Expense:		Sinkhole (FL only):	
Scheduled Personal Property:			

Property Information			
Year Built:		Distance to Coast (in miles):	
Construction:		Square Footage:	
Occupied by:		Protection Class:	
Occupancy Type:		# of Families:	
If rented, # of consec. days / yr:		Distance to Fire Hydrant (in feet):	
Roof Shape:		Distance to Fire Station (in Miles):	
Roof Material:			
Roof Age:			

Renovations & Updates				
	Roof	Electrical	Plumbing	HVAC
Year of Update:				
Complete/Partially Updated:				

Alarms & Mitigation Devices			
Wind Mitigation:		Guard Gated Community:	
Water Mitigation:		Fully Sprinklered:	
Theft & Fire Devices:			

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

General Underwriting Information		
	Y/N	Please provide explanation
1. During the past 5 years has any applicant been convicted of insurance fraud, arson, material misrepresentation, had a bankruptcy or foreclosure?		
2. Any residence employees? (List # of employees and indicate full or part-time)		
3. Any coverage declined, cancelled, or non-renewed during the last 3 years?		
4. Any farming or other business conducted on premises (including day/child care)?		
5. Is the dwelling undergoing any renovation or construction?		
6. Is property situated on more than 5 acres? (If Yes, describe land use)		
7. Any uncorrected fire or building code violations?		
8. Is there a trampoline, tree house or playground on the premises?		
9. a. Does the applicant have Homeowners insurance in place? If No, please explain.		
b. Has there been a lapse in coverage? (If Yes, indicate date of lapse)		
10. Any litigation, court proceedings, or judgements?		
11. Is the dwelling rented to students?		
12. Is there a pool on the premises?		
a. Does the pool have a diving board or slide?		
b. Is the pool protected by hedges or fence at least 48 in. high with a self-locking gate, or self-locking pool cage?		
13. Is there a wood stove on the premises?		
14. Is Property situated on more than 5 acres of land?		
15. Is Home up for sale?		
16 a. Is risk located in Special Hazard Flood Area A or V?		
b. If yes, does insured have Primary Flood Insurance in place?		
17. Do you or any tenant that occupies the premises own any animals?		
Type:	Breed:	Bite History:

Mortgagee/Additional Insured Information		
Type	Name	Address

Scheduled Inland Marine				
	# of Articles:	Amount of Insurance:	Value of Article(s):	Description of Article(s):
Bicycles:				
Cameras:				
Coins:				
Fine Arts (w/ breakage):				
Fine Arts (w/o breakage):				
Furs:				
Golf Equipment:				
Guns (collectible):				
Guns (fired):				
Jewelry:				
Musical Instruments:				
Silverware:				
Stamps:				

Additional Comments			
<p>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.</p>			
Insured Signature:		Agent Signature:	
Date:		Date:	