

DEANS & HOMER

INSURANCE MANAGING UNDERWRITER

**SURPLUS LINES
DWELLING APPLICATION**

NEW RENEWAL OF _____ REWRITE OF _____ **INCEPTION DATE:** _____

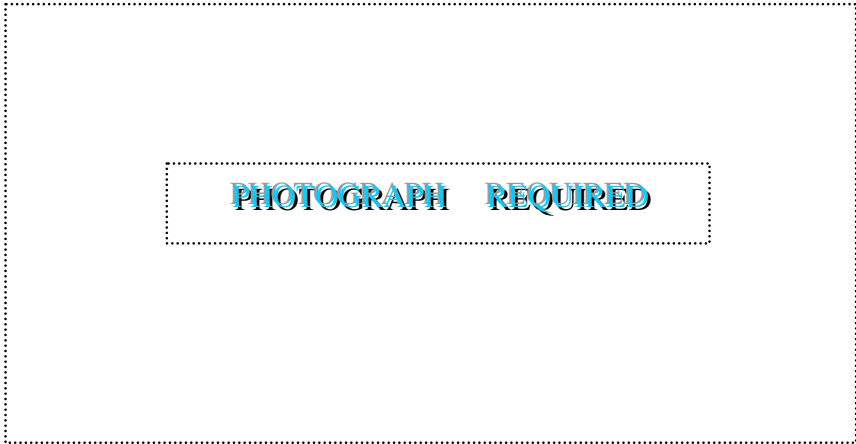
PRODUCER: (NAME AND ADDRESS)		INSURED: (NAME AND ADDRESS)	
MORTGAGEE: (NAME AND ADDRESS)		PROPERTY ADDRESS:	
PAYMENT OPTION			
<input type="checkbox"/> ANNUAL BILL OR INSTALLMENT OPTION:		<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY	
<input type="checkbox"/> BILL AGENCY OR DIRECT BILL (NOT AVAILABLE IN OREGON AND WASHINGTON):		<input type="checkbox"/> BILL INSURED	
		<input type="checkbox"/> BILL MORTGAGEE	
REQUESTED COVERAGES & LIMITS			
PROPERTY LIMITS:		PREMISES LIABILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO	
A: DWELLING \$ _____		IF YES, SELECT LIMIT: <input type="checkbox"/> \$ 100,000	
B: DESCRIBE APPURTENANT STRUCTURES		<input type="checkbox"/> \$ 300,000	
GARAGE \$ _____		<input type="checkbox"/> \$ 500,000	
GUEST HOUSE \$ _____		<input type="checkbox"/> \$ 1,000,000	
BARN \$ _____			
SWIMMING POOL \$ _____			
OTHER \$ _____			
C: PERSONAL PROPERTY \$ _____			
RENTS COVERAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, \$ _____			
EARTHQUAKE COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Earthquake coverage for personal property is limited to \$5,000.</i>			
NOTE: When earthquake coverage is purchased, a minimum of \$5,000 basic policy perils personal property coverage is mandatory.			
REPLACEMENT COST COVERAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO			
DEDUCTIBLES: <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 10,000			
STRUCTURE INFORMATION			
CONSTRUCTION TYPE: <input type="checkbox"/> FRAME <input type="checkbox"/> BRICK VENEER <input type="checkbox"/> LOG <input type="checkbox"/> BRICK		PROTECTION CLASS: _____	
IS BUILDING BOLTED TO FOUNDATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SIZE INFORMATION: LIVING AREA _____ SQ. FT.		ATTACHED GARAGES _____ SQ. FT.	
BASEMENTS _____ SQ. FT.		PORCHES, DECKS, UNFINISHED AREA _____ SQ. FT.	
YEAR BUILT : _____		No. OF STORIES: _____	
		No. OF RENTAL UNITS: _____	
IF BUILDING IS OVER 25 YEARS OLD:		YEAR THE FOLLOWING WERE BROUGHT UP TO CODE:	
TYPE OF ROOF _____		WIRING _____	
AGE OF ROOF _____		HEATING _____	
CONDITION _____		PLUMBING _____	
RESPONDING FIRE STATION: DISTANCE _____		<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER DISTANCE TO HYDRANT: _____	

COMPANY: INDIAN HARBOR INSURANCE COMPANY, QBE SPECIALTY INSURANCE COMPANY

ADDITIONAL UNDERWRITING INFORMATION

OUR ACCEPTANCE OF THIS RISK WILL DEPEND ON THE COMPLETENESS AND ACCURACY OF THE FOLLOWING ANSWERS.

1. PREVIOUS CARRIER _____ POLICY No. _____
2. HAS ANY CARRIER CANCELLED, REQUESTED REPLACEMENT OR REFUSED RENEWAL? YES NO
IF YES, EXPLAIN: _____
3. LIST CLAIMS OR LOSSES FOR LAST 3 YEARS AND, IF ANY, PRIOR TO THAT: _____
4. HOW LONG HAVE YOU KNOWN THE INSURED? _____ YEARS
5. HOW LONG HAVE YOU WRITTEN INSURED'S INSURANCE? _____ YEARS
6. APPLICANT'S OCCUPATION _____
7. IS THE DWELLING OCCUPIED BY THE INSURED? YES NO
8. WHAT ARE THE APPROXIMATE ANNUAL RENTAL RECEIPTS? _____
9. IS DWELLING VACANT? YES NO IF YES, ELABORATE _____
10. IS DWELLING IN A FORESTED AREA? YES NO
11. IS A 35 FOOT FIRE BREAK (FREE OF DRY GRASS, WEEDS OR OTHER VEGETATION) MAINTAINED ON ALL SIDES OF COVERED STRUCTURES? YES NO
12. IS DWELLING IN OR NEAR A DESIGNATED BRUSH AREA? YES NO IF YES, DISTANCE TO BRUSH _____
13. ARE THERE ANY UNUSUAL EXPOSURES WE SHOULD KNOW ABOUT? YES NO
IF YES, EXPLAIN: _____
14. IS DWELLING ON HILLSIDE OR SLOPE? YES NO
15. IS DWELLING NEAR A BODY OF WATER? YES NO
16. DOES DWELLING HAVE A WOOD BURNING HEATING DEVICE? YES NO UL APPROVED? YES NO
17. DOES DWELLING HAVE SPA, POOL OR SIMILAR AMENETIES? YES NO
IF YES, EXPLAIN: _____
18. PHOTOGRAPH OF DWELLING



FRAUD WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR, FOR THE PURPOSE OF MISLEADING, CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDLENT INSURANCE ACT WICH IS A CRIME.

EACH NAMED INSURED MUST SIGN AND DATE THIS APPLICATION

SIGNATURE DATE

SIGNATURE DATE

SIGNATURE DATE

SIGNATURE DATE