

# DEANS & HOMER

INSURANCE MANAGING UNDERWRITER

**SURPLUS LINES  
DWELLING APPLICATION  
OTHER THAN CALIFORNIA**

COMPANY: QBE SPECIALTY INSURANCE COMPANY

DIRECT BILL:  YES  NO    INSTALLMENTS:  ANNUAL  SEMI-ANNUAL  QUARTERLY    BILL:  INSURED  MORTGAGEE  
 INCEPTION DATE: \_\_\_\_\_  NEW     RENEWAL OF \_\_\_\_\_  REWRITE OF \_\_\_\_\_

<b>PRODUCER: (NAME AND ADDRESS)</b> _____ _____ _____ _____	<b>INSURED: (NAME AND ADDRESS)</b> _____ _____ _____ _____
<b>MORTGAGEE: (NAME AND ADDRESS)</b> _____ _____ _____ _____	<b>PROPERTY ADDRESS: (IF DIFFERENT)</b> _____ _____ _____ _____
<b>REPLACEMENT COST:</b> A) DWELLING \$ _____ B) DESCRIBE APPURTENANT STRUCTURES GARAGE \$ _____ GUEST HOUSE \$ _____ BARN \$ _____ SWIMMING POOL \$ _____ OTHER \$ _____ C) PERSONAL PROPERTY \$ _____	<b>OWNERS, LANDLORDS AND TENANTS LIABILITY:</b> COVERAGE REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 300,000 <input type="checkbox"/> \$ 500,000 <input type="checkbox"/> \$ 1,000,000
<b>DEDUCTIBLES:</b> <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 10,000	
<b>OCCUPANCY:</b> BLDG. OCCUPIED BY: _____ FAMILIES	<b>CONSTRUCTION:</b> PROTECTION <input type="checkbox"/> BRICK VENEER <input type="checkbox"/> FRAME <input type="checkbox"/> BRICK    CLASS: _____
<b>DISTANCE APPROVED HYDRANT:</b> _____	<b>DISTANCE TO RESPONDING FIRE STATION:</b> _____
<b>BUILDING TYPE</b> <input type="checkbox"/> CUSTOM <input type="checkbox"/> SEMI-CUSTOM <input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> TRACT <input type="checkbox"/> OTHER _____	<b>VALUE COMPUTATION</b> LIVING AREA: _____ SQ. FT X \$ _____ COST=\$ _____ PORCHES, DECKS, UNFINISHED AREA: _____ SQ. FT X \$ _____ COST=\$ _____  TOTAL REPLACEMENT COST: \$ _____
<b>BUILDING INFORMATION</b> A) YEAR BUILT _____  B) IF BUILDING IS OVER 25 YEARS OLD: TYPE OF ROOF _____ AGE OF ROOF _____ CONDITION _____ YEAR THE FOLLOWING WERE BROUGHT UP TO CODE: WIRING _____ HEATING _____ PLUMBING _____  C) IS BUILDING BOLTED TO FOUNDATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**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. IF TENANT OCCUPIED:
  - a. DOES THE INSURED EMPLOY A PROPERTY MANAGEMENT FIRM?  YES  NO
  - b. DOES THE INSURED REQUIRE A SECURITY/DAMAGE DEPOSIT FROM TENANTS?  YES \$ \_\_\_\_\_  NO
- 8. IS DWELLING VACANT OR UNOCCUPIED?  YES  NO IF YES, ELABORATE: \_\_\_\_\_
- 9. IS DWELLING IN OR NEAR A WOODED AREA?  YES  NO IF YES, DISTANCE: \_\_\_\_\_
- 10. IS DWELLING IN OR NEAR A DESIGNATED BRUSH AREA?  YES  NO IF YES, DISTANCE TO BRUSH: \_\_\_\_\_
- 11. ARE THERE ANY UNUSUAL EXPOSURES WE SHOULD KNOW ABOUT?  YES  NO  
IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_
- 12. IS DWELLING ON HILLSIDE OR SLOPE?  YES  NO
- 13. IS DWELLING NEAR A BODY OF WATER?  YES  NO
- 14. ANY DOCKS OR PIERS ON PREMISES?  YES  NO
- 15. DOES DWELLING HAVE A WOOD BURNING HEATING DEVICE?  YES  NO APPROVAL?  YES  NO  
BUILDING OR FIRE DEPARTMENT INSPECTION?  YES  NO
- 16. PHOTOGRAPH OF DWELLING

