

Applicant Name: \_\_\_\_\_ Requested Eff Date: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

If Property is owned in LLC, Corp or Trust, please provide name:

Property Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work or Cell #: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

*Previous Address:* (Required if you have been at current address less than 5 years)

Street Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

*Applicant Information:*

DOB: \_\_\_\_\_ SS# \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Yrs In Occupation: \_\_\_\_\_ Yrs w/Current Employer: \_\_\_\_\_ Yrs w/Prior Employer: \_\_\_\_\_

*CO-Applicant Information:*

DOB: \_\_\_\_\_ SS# \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Yrs In Occupation: \_\_\_\_\_ Yrs w/Current Employer: \_\_\_\_\_ Yrs w/Prior Employer: \_\_\_\_\_

Notice: An insurance credit score will be run in conjunction with this policy by the insurance carrier above. This credit check is solely for insurance purposes and will not have any impact on your credit. This information will not be shared with any other party. Excellent credit MAY result in additional discounts.

*Additional Interest/Mortgagee Information:* (Please complete or have lender email us mortgagee clause & loan #)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_ Loan # \_\_\_\_\_

Mortgagee Bill? YES or NO Are there more than 2 Mortgages? YES or NO

Purchase Price: \_\_\_\_\_ Market Value: \_\_\_\_\_

Rating/Underwriting Questions:

1. Please circle any of the following recreational vehicles that you own: N/A  
ATV      Mini-Bike      Dune Buggy      Snow Mobile      Jet Ski      Other Personal Watercraft
2. If you circled any of the above, do you have liability insurance on the vehicle?    YES    or    NO
3. Does the community have at least 30 homes & patrolling security guards with a 6 ft fence completely surrounding the neighborhood & guards at all entrances?    YES    or    NO
4. Is the property owned by a Corporation, Public Association, Limited Liability or similar Entity?    YES    or    NO
5. Is property eligible for coverage under a commercial policy?    YES    or    NO
6. Is the property classified as a motor home, house boat, house trailer, trailer home, manufactured home or mobile home?    YES    or    NO
7. Is the property located where farming or ranching activities take place?    YES    or    NO
8. Is there a swimming pool &/or hot tub on this property?    YES    or    NO  
If YES, please circle the following that your pool has: (screen enclosure or fence is required)  
Diving Board    |    Slide    |    Screen Enclosure    |    4 ft Permanent Self Locking Fence
9. Are there **any pets** or exotic animals kept on premises?    YES    or    NO  
If YES, please describe: \_\_\_\_\_
10. Have you ever had ANY losses at this property or any other property you own?    YES    or    NO  
If YES, please provide date, description and total paid on claim and include any personal liability claims:  
\_\_\_\_\_
11. Please **circle ALL** of the items below that apply to this property:  
Central Station Burglar Alarm    |    Central Station Fire Alarm    |    Circuit Breakers    |    Fuses  
Electric Heat    |    Central Gas    |    Hurricane Resistive Glass    |    Storm Shutters  
Closed Foundation    |    Open Foundation    |    Trampoline on premises
12. Please **circle** the type of plumbing that apply to your property: **Copper** | PVC | **PEX** | Polybutylene | **Other - Describe:** \_\_\_\_\_
13. Please circle the occupancy that applies to this property:  
Primary Residence    |    Secondary Residence    |    Vacant    |    Long-term Rental  
Short-term Rental 7 Days or More    |    Short-term Rental LESS than 7 Days
14. If your property is rented, do you use a Rental Management Company?    YES    or    NO  
If YES, please provide name of company and phone number:  
Rental Co: \_\_\_\_\_ Phone #: \_\_\_\_\_
15. How many **consecutive months** is your home **unoccupied**? \_\_\_\_\_
16. Please indicate how often a 3<sup>rd</sup> party checks on your home while vacant:  
Daily      Weekly      Bi-Weekly      Monthly      Never
17. Please circle the items that have been updated on this property & indicate year of update:  
HVAC \_\_\_\_\_ | Electrical \_\_\_\_\_ | Plumbing \_\_\_\_\_ | Roof \_\_\_\_\_
18. What year was the hot water heater installed? \_\_\_\_\_ Year of Plumbing? \_\_\_\_\_

General Information Questions:

1. Any farming, daycare/childcare or other business conducted on premises?    YES    or    NO
2. Any residence employees?    YES    or    NO
3. Any flooding, brush, forest fire hazard, landslide, etc?    YES    or    NO
4. Any other residence owned, occupied or rented?    YES    or    NO

5. Any coverage declined, canceled or non-renewed during last 5 years? YES or NO
6. Is property situated on more than 5 acres? YES or NO
7. Have you been convicted of any degree of the crime arson in last 5 years? YES or NO
8. Have you or any applicant had a foreclosure or bankruptcy in last 5 years? YES or NO
9. Are there any uncorrected fire or building code violations at this property? YES or NO
10. Is the property for sale? YES or NO
11. Is the property within 300 ft of a commercial or non-residential property? YES or NO
12. Was the structure originally built for other than private residence & converted? YES or NO
13. Is there a lead paint hazard at this property? YES or NO
14. If a fuel oil tank is on the premises, has other insurance been obtained for tank? YES | NO | NA
15. If the building is under construction, is the applicant a general contractor? YES or NO
16. Is the building undergoing renovation or construction? (if yes, describe below) YES or NO
17. Is this a prefabricated or modular home? YES or NO
18. Is there more than one unit, apartment, room or other structure rented or held for rent at this residence? YES or NO
19. Does this property contain any knob and tube wiring? YES or NO
20. Is any insured building heated by a wood burning stove, space heater or other portable device? YES or NO
21. Is this property located in a Planned Urban Development? YES or NO
22. Do you own any other properties in your name or in another entity? YES or NO
23. If YES, do you currently have these properties insured? YES or NO
24. Is there a flood policy in effect on this property? YES or NO
  - a. If NO, would you like a flood quote? YES or NO
  - b. If YES, please provide a copy of current flood declarations page.
25. Do you currently have an umbrella or excess liability policy that will provide you with additional liability coverage on this property? YES or NO
26. Are there any changes that you would like to make to the coverage or limits that you have been quoted? YES or NO
27. Would you like for us to quote other important personal insurance coverage for you such as auto, scheduled personal property, life, etc? YES or NO
28. Do you authorize insurance zone to email your policy and other related documents to the email listed on this form? YES or NO

Please use the space below to explain any YES answers to the questions above:

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Prior Insurance Carrier Information: (If this is a new purchase, please provide a copy of Final HUD statement.)  
 Insurance Carrier Name: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is there any additional information about this property that we should be aware of that would assist in properly insuring your home? If YES, please provide details below or on a separate sheet:

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Fax completed questionnaire to 850.502.4056 or email to \_\_\_\_\_@ins-zone.com