



Residential Dwelling Application

DATE (MM/DD/YYYY)

PRODUCER PHONE (251) 967-4968 (A/C, NO. EXT): FAX (A/C, NO):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & zip+4)						
CODE: AGENCY CUSTOMER ID SUBCODE:	DATE AT DAY CO/PLAN	EVENING PHONE #	HOME PHONE #				
	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #				

APPLICANT INFORMATION

PREVIOUS ADDRESS (if less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)
---	------------------	--

APPLICANT'S OCCUPATION <small>(state nature of business if self-employed)</small>	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY#
CO-APPLICANT'S OCCUPATION <small>(state nature of business if self-employed)</small>	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY#

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ DATE AGENT LAST INSPECTED PROPERTY: _____

COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL: _____ WIND/HAIL: _____ FLOOD: No Primary Flood Coverage
		\$					

ENDORSEMENTS

REPLACEMENT COST DWELLING REPLACEMENT COST CONTENTS
 ENTER OTHER ENDORSEMENT(S) _____

*Not Applicable in NC
PREMIUM

EST TOTAL PREMIUM (INCLUDING FEES & TAXES)
DEPOSIT
\$ _____
BALANCE
\$ _____

PAYMENT PLAN

ACCOUNT # BILLING: Agency Bill	IF DIRECT BILL: Bill Applicant	IF APPLICANT BILL: Full Pay	MAIL POLICY TO: Agent
--------------------------------------	-----------------------------------	--------------------------------	--------------------------

RATING/UNDERWRITING

CONSTRUCTION TYPE	SIDIDNG TYPE	YEAR BUILT	SQ FT	ROOF TYPE	ROOF SHAPE	ROOF STRAPS
FOUNDATION	MARKET VALUE \$	REPLACEMENT COST \$	NO OF STORIES	STRUCTUIRE TYPE	OCCUPANCY	
OCCUPIED DAILY	OCCUPIED BY	NO OF FAM	NO WKS RENTED	DIST TO GULF	DIST TO TIDAL WATER	
PROT. CLASS	DIST TO HYDRANT	DIST TO STATION	PROTECTION DEVICE TYPE FIRE:	BURGLAR:	SPRINKLERS	
WIRING TYPE	SWIMMING POOL	APPROVED FENCE	DIVING BOARD	NO OF FIREPLACES	FLOOD ZONE	
COMPLETE WINDOW PROTECTION TYPE	OIL STORAGE TANK LOCATION	DWELLING LOCATION	VISIBLE TO NEIGHBORS			
DEADBOLT	INSPECTED BY AGENT	HEAT SOURCE	RATING CREDITS	PURCHASE DATE/PRICE	WINDCLASS	
RENOVATION WIRING: PLUMBING: HEATING: ROOFING: EXTERIOR PAINT:	PART/COMP	YEAR				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)			14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) 15. IS THERE A MANAGER ON THE PREMISES? 16. IS THERE A SECURITY ATTENDANT? 17. IS THE BUILDING ENTRANCE LOCKED? 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value) 20. IS HOUSE FOR SALE? 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? 22. IS THERE A TRAMPOLINE ON THE PREMISES? 23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? 24. ANY LEAD PAINT HAZARD? 25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)					
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?					
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO					
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?					
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)					
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?					
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)					
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC?) (List year, type, make, model)					
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)					

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 5 YEARS, AT THIS OR AT ANY OTHER LOCATION?	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS					

PRIOR COVERAGE		PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
					<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INTEREST		NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/>			
<input type="checkbox"/>			
REMARKS:			

--	--	--	--

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
TIME	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

Notice of Insurance Information Practices
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, and VA, insurance benefits may also be denied)

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE		DATE		PRODUCER'S SIGNATURE	
-----------------------	--	------	--	----------------------	--



**STATEMENT OF INSURED ON POLICIES ISSUED UNDER THE
ALABAMA SURPLUS LINES INSURANCE LAW**

[Revised 04.2013]

Surplus Lines Insurer: Certain Underwriters at Lloyd's of London

Insured(s): _____

Policy Number: _____

Effective Date: _____ **Policy Issue Date:** _____

The undersigned insured understands that the insurance coverage provided by the above described policy is written by an insurer that is not authorized (licensed) by the Alabama Department of Insurance and that the Department of Insurance does not have any authority over the policy forms used or the premiums charged by this insurance company. The undersigned insured further understands that no Alabama insurance guaranty fund protection exists in the event this insurance company becomes insolvent and that, in the event of insolvency, there is no guarantee a claim will be fully covered.

With these understandings, the undersigned insured consents that the coverage be placed through an unauthorized insurer.

Insured Signature

Print Insured Name: _____

Date: _____



Application Acknowledgements

NO FLOOD COVERAGE

I understand my policy **does NOT** include any coverage for damage caused by Flood unless specifically stated on the applications and declarations page. Flood means surface water, waves, tidal water, tidal surge, overflow of a body of water, or spray from any of these, whether or not driven by wind. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

Client's Initials _____

STORM SHUTTER/IMPACT GLASS & ALARM CREDIT

If I install, or have previously installed, qualified storm shutters, or a monitored premise burglar and fire alarm/protection device on the "premise for which this insurance is being applied," I agree to maintain these protection devices, for which I have been granted a credit, in good working order and commit to utilize them. I also agree to notify SSIU immediately of any change, including removal, made to the system(s). Failure to notify SSIU of such change could result in the voidance of the insurance agreement. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU. **I understand that the storm shutters or impact glass should protect all glazed surfaces on the building**

Client's Initials _____

VALUATION DISCLAIMER

I understand that the valuation of my home and/or my belongings is my own responsibility and not the responsibility of SSIU, or the companies it represents. I agree to hold harmless and relieve SSIU and any of its affiliates or subsidiaries of any responsibility with regards to the valuation and insured amount of my property. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

Client's Initials _____

DEDUCTIBLE DISCLAIMER

I understand that my policy has deductibles, which could result in large out of pocket expense to me. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

Client's Initials _____

CANCELLATION

I understand that the policy being provided to me by SSIU contains a Minimum Earned Premium provision, which states that in the event of a cancellation, SSIU is entitled to and will retain the Minimum Earned Premium percentage specified in my policy. In addition, I understand that all fees charged at the time of policy issuance are non-refundable. Furthermore, I acknowledge that the policy being provided includes a Short Rate Return provision. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

Client's Initials _____

PAYMENT

I understand that payment for my policy is due to SSIU within ten (10) days of the effective date of my policy, or the policy will be cancelled automatically for non-payment. I acknowledge that it is my responsibility to remit payment to my Agent of Record in a timely manner so that payment may be forwarded to SSIU within the above-stipulated time frame. By placing your initials at the end of this paragraph and signing this Notice below, you confirm that you understand, acknowledge and accept that this provision is included in the policy for which you have applied and any other new or renewal policies issued to you by SSIU.

Client's Initials _____

INSPECTIONS

I understand that a third party inspection service provider will contact me. I agree that I will make every effort possible to schedule an inspection appointment in a timely manner and understand that my policy may be cancelled if an inspection has not been performed within thirty days of the effective date, unless prior arrangements have been conveyed and agreed upon.

Client's Initials _____ Ins. Contact Phone 1: _____ Phone 2: _____ Email: _____

Client's Signature _____ Date _____



Diligent Effort Form

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____
Name of Agency _____
Has sought to obtain _____ Coverage for the Property Located at: _____

for _____ from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer State Farm Person Contacted Jim Golemon

Telephone Number (251) 626-2071 Date of Contact 12/23/13

The reason(s) for declination by the insurer was (were) as follows:

Did not meet underwriting guidelines and/or No Market

(1) Authorized Insurer Nationwide Person Contacted Ben Castleberry

Telephone Number (251) 943-5216 Date of Contact 12/23/13

The reason(s) for declination by the insurer was (were) as follows:

Did not meet underwriting guidelines and/or No Market

(3) Authorized Insurer ALFA Person Contacted Larry Engel

Telephone Number (251) 943-5604 Date of Contact 12/23/13

The reason(s) for declination by the insurer was (were) as follows:

Did not meet underwriting guidelines and/or No Market

Signature of Producing Agent _____ Printed or Typed Name of Producing Agent _____

Document Verified by Surplus Lines Agent Yes X No _____ Date Verified: _____