

IJU Agency Ltd.

Homeowners Form

(Please fill out to the best of your ability.)

Part I: Applicant Information

Name Insured: _____

Address to be insured (City, State, Zip):

Block: _____ Lot: _____ Addition: _____

Email: _____ Phone: _____ Fax: _____

Mailing Address (If Different): _____

Occupation: _____ Spouse Occupation: _____

Time at current position: _____ Spouse: _____

DOB: _____ Spouse DOB: _____

SSN: _____ Spouse SSN: _____

Part II: Mortgagee Information

Mortgagee 1)

Name: _____

Address: _____

Mortgagee 2)

Name: _____

Address: _____

Part III: Building Information

Year Built: _____ Sq. Footage: _____ Stories: _____ Pier & Beam: _____ Slab: _____

(Please Circle)

Garage: **A)** Attached **B)** Free Standing **C)** None
Construction: **A)** Frame **B)** Asbestos /Stucco **C)** Brick Veneer **D)** Brick / Masonry
 E) Aluminum Siding **F)** Adobe
Roof: **A)** Composition **B)** Metal **C)** Tile **D)** Shake
Inside City Limits: **A)** Yes **B)** No
Distance From Fire Hydrant: **A)** Within 500 feet **B)** Within 501 – 1000 feet **C)** Over 1,000 feet

Part IV: Limits

Dwelling: \$ _____ Unscheduled Personal Property : \$ _____
Additional Living Expenses: \$ _____ Water Coverage: \$ _____
Liability: \$ _____ Medical Payments: \$ _____ Additional Structure: \$ _____
Purchase Price: \$ _____ Replacement Cost: \$ _____ Actual Cash Value: \$ _____

(Please Answer Yes or No)

| | Yes | No |
|-------------------------------------------------|---------------------------------------------------------------------------|----|
| Roof Replaced: | (If Yes, Please State the Condition of Roof: Excellent, Good, Fair, Poor) | |
| Aluminum Wiring Replaced: | (If Yes, When) | |
| Plumbing Replaced: | (If Yes, When) | |
| Central Air: | | |
| Central Heat: | | |
| Wood Burning Stove / Space Heater: | | |
| Any Livestock, Exotic or Domestic Pets: | | |
| Pool and/or Hot Tub: | | |
| Is Pool and/or Hot Tub Fenced: | | |
| Lot Size over 5 Acres: | | |
| Business On Premises: | | |
| Any Construction or Remodeling: | | |
| Any Unrepaired Damages: | | |
| Is Dwelling a Mobile Home or Portable Building: | (If Yes, Explain) | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|
| Has anyone with a financial interest in this property been convicted of, arrested for or charged with arson, fraud, or other crimes related to a loss on property owned now or during the past 10 years: | (If Yes, Explain) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|

Part V: Insurance History

Previous Carrier: _____ Policy Number: _____

What type of coverage was previously carried: _____

Any Cancellations, Declinations, or Non Renewals in the past 5 years (If Yes, Why):

List all losses in the past 10 years:

| | | |
|-------|--------|----|
| Date: | Cause: | \$ |
| Date: | Cause: | \$ |
| Date: | Cause: | \$ |
| Date: | Cause: | \$ |
| Date: | Cause: | \$ |
| Date: | Cause: | \$ |
| Date: | Cause: | \$ |

Other information you feel is important to the underwriting process:

Notice

This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.

Prepared By (Print): _____

Signature: _____

Date: _____