

HOMEOWNERS SUPPLEMENTAL APPLICATION

Name of Applicant:

Location Address:

	Yes	No
1. Has the Applicant ever been convicted of arson or insurance fraud?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the dwelling without permanently installed water, electricity, and/or sewage utility services?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the dwelling have existing damage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the dwelling vacant, unoccupied, tenant occupied, or in foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the dwelling occupied by more than one family?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the dwelling utilize portable kerosene heaters?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling's primary source of heat a wood, coal or a pellet burning stove?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the dwelling have fuses only or knob and tube wiring?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the dwelling have a wood shake roof that is 21 years or older?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the dwelling situated on or near a shifting hillside?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the dwelling possess an open foundation located on a slope of 35 degrees or greater?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the dwelling or adjacent structures used to store flammables or explosive materials?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the dwelling under construction or major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the dwelling next to any damaged or abandoned building?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the brush clearance of the dwelling less than 250 feet?	<input type="checkbox"/>	<input type="checkbox"/>
16. If the dwelling is in a designated brush area, is the brush clearance of the dwelling less than 500 feet?	<input type="checkbox"/>	<input type="checkbox"/>
17. If the dwelling is located in a forested area or a designated brush area, is the roof type wood shake shingle?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the dwelling a mobile home, row home, earth home, dome home, hand hewn log home, straw built home, townhome, or a condominium?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the dwelling have more than two lien holders?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is the home titled in the name of a limited liability partnership, corporation, or limited liability corporation?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the dwelling have a swimming pool, Jacuzzi, or hot tub that is not surrounded by a six foot fence with a self locking gate?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the dwelling have an empty swimming pool?	<input type="checkbox"/>	<input type="checkbox"/>
23. Does the dwelling have a swimming pool with a diving board or a slide?	<input type="checkbox"/>	<input type="checkbox"/>
24. Does the dwelling have steps or porches over four feet in height that do not have a hand railing?	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the dwelling have bars on sleeping room windows that do not have an interior quick release device?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby apply for a policy of insurance as set forth in this application, and I certify that all of the information provided by me in this application is true and complete. I understand that any policy, which may be issued by the Company, will be issued on the basis of, and in reliance upon, my statements in this application, and that any intentional or non-intentional material misrepresentation made by me may affect the payment of claims. This application is not a binder, and nothing herein contained shall be construed as an agreement to provide insurance of any kind.

Signature of applicant: _____