

Homeowner/Dwelling Application



email: info@uigusa.com phone: 800.385.9978

The Agent Agency

1. Agency Name: _____ Contact: _____
Agent Email: _____ Phone Number: _____
2. Applicant's Name: _____ DOB: _____
Mailing Address: _____ Phone Number: _____
Email: _____
- Additional Applicant's Name: _____ DOB: _____
Mailing Address: _____ Phone Number: _____
Email: _____

PROPOSED EFFECTIVE DATES:

3. From: _____ To: _____ (12:01 AM, Standard Time at the address of the Applicant)

GENERAL INFORMATION

4. Type of Submission: New Business Renewal Rewrite
5. Additional Interests — Mortgages/Loss Payees
- Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Loan Number: _____
Interest Type: Mortgagee Loss Payee Contract Seller Lessor Other (explain): _____
- Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Loan Number: _____
Interest Type: Mortgagee Loss Payee Contract Seller Lessor Other (explain): _____
6. Requested Coverages: HO-2 HO-2 ACV HO-3 HO-4 HO-5 HO-6 HO-8
 DP-1 DP-2 DP-3 HO-A (TX only) HO-B (TX only)
 HO-BT (TX only) HO-B-CON (TX only)
7. Occupancy: Owner/Principal Residence Owner Seasonal/Secondary Residence Tenant Vacant
 Renovation Builders Risk Occasional Rental/number of months occupied: _____

LOCATION ADDRESS Check box if same as mailing address

(Street)

(City)

(County)

(State)

(Zip)

BUILDING INFORMATION

8. Dwelling type: Single Family Duplex Triplex Quadplex
 Condo Apartment Townhome
9. Year built: _____ Square footage: _____ Number of families: _____ Number of stories: _____
 Shape of roof: _____ Protection class: _____ Miles from fire department: _____
 Feet from hydrant: _____ Fire district or town: _____
 Distance to costal waters: Feet: _____ Miles: _____
10. Construction: Frame EIFS/Stucco Log (hand hewn milled) Modular
 Brick Veneer Masonry Other: _____
11. Central Station Fire Alarm System Installed & Monitored Yes No
 Central Station Burglar Alarm Installed & Monitored Yes No
 Dead bolt Yes No
 Fire Extinguisher (fully charged) Yes No
 Smoke Detectors (functioning) Yes No
 Secured community Yes No
 Comments: _____

SUPPLEMENTAL HEATING

12. Wood Stove? Yes No If **YES**, Primary source of heat? Yes No
 Alternative source of heat? (pellet, coal, etc.) Yes No If **YES**, Primary source of heat? Yes No
 Submit two photos of wood stove along with Supplemental Heating Questionnaire

***COMPLETE ONLY IF DWELLING IS LOCATED IN PROTECTION CLASSES 9 & 10 QUESTIONNAIRE #13-16**

- *13. Roads paved and accessible year round? _____ Yes No
 Physical barriers: _____
- *14. Public hydrant within 1,000 feet from dwelling? Yes No
 If **NO**, describe water source: _____ Dry Hydrant installed: _____
 Water source distance in miles from dwelling: _____ Amount of water available: _____
- *15. Fire Department:
 Water source accessible by fire department year round? Yes No Paid or Volunteer
 Response time: _____ Number of tankers and capacity: _____ Number of pumps and capacity (in gpm): _____
- *16. Full or live-in employees Dwelling occupied daily
 Comments: _____

COVERAGE LIMIT INFORMATION

Property Coverage	Limits	Liability Coverage	Limits
Dwelling	\$	Liability	\$
Personal property	\$	Home day care (number of children) _____ (5 max)	\$
Other structures	\$	Medical payments	\$
Loss of use	\$	In-home business: refer to Question #29	
Theft by burglary (DPI & 2)	\$	Business property	\$
Satellite/antenna	\$		

17. Deductible Amount: All Perils _____ Wind/Hail _____ / _____ % OR Named Storm % _____
 Wind Excluded? Yes No

If **YES**, please explain: _____

REPLACEMENT COST COVERAGE

18. Dwelling? Yes No Contents? Yes No

19. Additional Requested Coverages (check box if applicable):

- Water backup Limit: \$5,000 \$10,000 \$25,000 Identity Fraud
- Mold Sub-limit: \$5,000 \$10,000
- Ordinance & Law 10% 15% 20%
- Loss Assessment \$1,000 \$2,500 \$5,000 \$10,000 \$20,000
- Personal Injury Yes (Primary home only)
- Personal Articles and Scheduled Items Limit: _____

*Contact UIG Underwriter for Earthquake and Mine Subsidence coverage

PREVIOUS INSURANCE CARRIER AND LOSS HISTORY INFORMATION

20. Previous/current carrier: _____ Purchase date: _____

Expiring Premium: _____ Expiration date: _____

If no previous carrier, give reason(s) (not applicable in Missouri or California): _____

Has any company canceled or refused coverage to the applicant (not applicable in Missouri or California)? Yes No

If **YES**, give reason(s): _____

Any losses at this location or any other location owned/rented within the last three years? Yes No

If **YES**, please provide the information requested below:

Date of Loss	Claim Type – Description of Loss	Amount Paid	Amount Reserved	Open/Closed

21. Additional Information:

Bankruptcy or foreclosure proceedings filed? Yes No

Reason: _____

Open Closed Date Closed: _____

22. Applicant delinquent on mortgage or tax payments? Yes No

23. Has anyone with a financial interest in the property been convicted of fraud, arson or other crime related to any loss on any other property during the past five years? Yes No

24. Swimming pool, hot tub or spa on premises? Yes No

Pool fenced? Yes No

Automatic locking gate? Yes No

Steps have secured handrails? Yes No

25. Any lake, pond or dock on premises? Yes No

26. Trampoline on premises? Yes No

Skateboard/bicycle ramps on premises? Yes No

27. Is the dwelling set on land in excess of five acres? Yes No
 Number of acres: _____ Acreage usage: _____
28. Are animals kept on premises? Yes No
 If **YES**, list all:
 Animal Breed: _____ Number: _____
 Bite history? Yes No
 Other: _____
29. Business on premises? Yes No
 Type of business (include Day Care): _____
30. Other structures (garage, shed, etc.) on premises? Yes No
 If **YES**, describe: _____
31. Modular or farm dwelling? Yes No
32. Existing fire, water or structural damage? Yes No
33. Brush or landslide exposure? Yes No
34. Dwelling or structure elevated? Yes No
 If **YES**, how high?: _____
35. Provide year of building updates
- | | | | | | | | |
|-----------------------------|-------------|----------------------------------|-------------------------------|----------------|---------------------------------------|-------------------------------|---|
| Wiring: | Year: _____ | <input type="checkbox"/> Partial | <input type="checkbox"/> Full | Type: | <input type="checkbox"/> Knob or Tube | <input type="checkbox"/> Fuse | <input type="checkbox"/> Circuit Breakers |
| Plumbing: | Year: _____ | <input type="checkbox"/> Partial | <input type="checkbox"/> Full | | | | |
| Roofing: | Year: _____ | <input type="checkbox"/> Partial | <input type="checkbox"/> Full | Material Type: | _____ | | |
| Heating & Air Conditioning: | Year: _____ | <input type="checkbox"/> Partial | <input type="checkbox"/> Full | Type: | _____ | | |
36. Hurricane straps (Florida only)? Yes No
37. Property been seen by agent? Yes No
 If **YES**, date agent last inspected property: _____

Additional comments:

ADDITIONAL REQUIREMENTS:

Photos of front and back of dwelling are required.

Submit additional photo if:

- Wood/coal/pellet stove
- Day Care facility and play area
- Fenced pool, hot tub or spa
- Other Structure

Submit questionnaire form if:

- Wood/coal/pellet stove
- Older Home Questionnaire for Dwellings over 20 years old
- Builders Risk Questionnaire
- Vacant Dwelling Questionnaire
- Daycare on premise Questionnaire

NOTICE OF INSURANCE INFORMATION PRACTICES:

Personal information about you may be collected from persons other than you. 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 corrections 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 instructions on how to submit a request to us.

APPLICATION MUST BE FULLY COMPLETED, SIGNED AND HAVE REQUIRED PHOTOS ATTACHED. NOTICES, FRAUD WARNINGS AND ATTESTATION

PRIVACY POLICY

By Submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies. I understand and agree that any information about me that is contained in, or that is obtained in connection with this application or any policy issued to me may be used to issue, review and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine Inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE TO TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Agent Name: _____