

Quaker Special Risk

Dwelling Fire and Vacant Dwelling Fire Application (not for use with USLD)

New Renewal
Cov Period: 3 6 12 mo. Effective Date _____

Policy Type: DP 1 Fire EC DP 1 Fire EC VMM
 DP3

Insured Information:
Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Insured Location: _____
City: _____ State: _____ Zip: _____
County: _____
(1) SSN #: _____ DOB: _____
(2) SSN #: _____ DOB: _____
Occupation: _____
Name of Employer: _____
Address of Employer: _____
Position Held: _____

Limits of Policy:
Cov A - Dwelling: \$ _____
Cov B - Other Structures: \$ _____
Cov C - Personal Property: \$ _____
Cov D - Fair Rental Value \$ _____ (n/a if vacant)
Cov E - Additional Living Exp: \$ _____ (n/a if vacant)
Cov L - Personal Liability: \$ _____ (optional)
Cov M - Loss Assessment: \$ _____ (optional)

Optional Coverages:
On Premises Theft: Y N
Earthquake Coverage: Y N Zone: ____

Deductibles: (subject to company guidelines)
Requested Deductible: AOP:\$ _____ EQ: _____ %
Wind: _____ %

Agent Information:
Producer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone / Fax Number: _____

Property Information:
Eligible for Windpool: Y N Exclude Wind Y N
Occupancy: ____ Vacant ____ Other (explain in remarks)
Why is dwelling vacant? _____
How long is the expected vacancy period? _____
Has dwelling been unoccupied more than 30 consecutive days:
Y N If yes, how long? _____
Is the home visible to neighbors: Y N
Home for sale: Y N
Caretaker /Property Manager: Y N
Resident Paid ____ Non Resident Paid ____
How often is dwelling visited? _____
If dwelling is located in area susceptible to freezing temperatures,
are adequate controls in place to prevent freezing pipes? ____
Explain: _____
Has applicant had a foreclosure, repossession, or bankruptcy
during the past five years?: Y N
Are any foreclosures, bankruptcies or repossessions pending?
Y N Describe: _____
Has applicant been convicted of an insurance related crime in
past 10 years? Y N
Gated Community: Y N Patrolled: Y N
Building undergoing any renovation: Y N
ISO Territory #: _____ BCEGS#: _____

Mortgagee (s) Information/Additional Interests
Loan Number 1: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Loan Number 2: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Protection Information:
Distance To Fire Hydrant: _____ Fire Station: _____
Is the Fire Department: ____ Paid ____ Volunteer
Fire Dept. Response Time: ____ min. (For PC 9/10 only)
Distance to the nearest water source: _____
Type of water source: _____
Central Alarm: Fire: Y N Burglar: Y N
Sprinkler System: ____ full ____ partial ____ none
Protection Class: _____
Smoke Detectors: Y N Dead Bolts: Y N

Type/Size of Construction: Brick, Stone, or Masonry _____ Frame or Stucco _____ # of families: _____ Type of Foundation: Concrete slab _____ Concrete / Blocks _____ Pilings / Stilts _____ Year Built _____ Year Purchased _____ Type of Roof _____ Age of Roof _____ Square Footage _____ Market Value \$ _____ Flood Insurance Carried: Y N Flood Zone A/V? Y N	Distance to Ocean / Bay / Gulf _____ Ft. _____ Miles Elevation above Sea Level _____ Ft. Hurricane Straps Y N Stormshutters Y N Type of stormshutters: _____ Update Information - Required if home is over 25 years old, 20 years for roof. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:20%;">Type</td> <td style="width:15%;">Full</td> <td style="width:15%;">Partial</td> <td style="width:35%;">Year Comp.</td> </tr> <tr> <td></td> <td><u>Wiring</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><u>Plumbing</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><u>Heating</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><u>Roof</u></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Type	Full	Partial	Year Comp.		<u>Wiring</u>	_____	_____	_____		<u>Plumbing</u>	_____	_____	_____		<u>Heating</u>	_____	_____	_____		<u>Roof</u>	_____	_____	_____
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Additional Exposures: (comment in remarks section)

Animals on the Premises? Y N Type: _____ Training: Y N # years owned _____

Swimming Pool on Premises? Y N Fenced / Screened? Y N Other? _____

In-ground swimming pool drained? Y N If yes, is there an adequate protective covering? Y N

Any Business Conducted on the Premises? Y N

Any wood stoves or supplemental heating sources? Y N

Remarks: _____

Prior Carrier and Loss Information:

Previous Carrier: _____ Expires: _____ Expiring or Renewal Premium: \$ _____

Non-Renewing Y N Reason: _____

Three Year Loss History - Must be filled out Completely

<u>Date</u>	<u>Type of Loss</u>	<u>Cause</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What preventative measures have been taken to prevent future losses? Explain: _____

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 your agent 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/broker for instruction on how to submit a request to us.

NOTE TO AGENTS: No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the named insured. Any incomplete applications received could jeopardize binding coverage!

Producer's Signature: _____ Date: _____

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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.

Applicant's Signature: _____ Date: _____

