



The following must be submitted with the application:

- Replacement Cost Estimator or Building Information Sheet
- Woodstove Questionnaire, if applicable
- Diligent Search Letter, if applicable

MID-VALUE HOMEOWNER'S APPLICATION

Agent Code: _____

Desired Effective Date: From: _____ To: _____

Name of Applicant: _____ Phone _____

No: _____

*Indicate legal owner of risk if not the same as Applicant: _____

Applicants Mailing

Address: _____
Number Street City State Zip County

Location of

Property: _____

(If different than mailing address)

Name of Mortgagee & Mailing Address	Loan Number	Name of 2nd Mortgagee & Mailing Address	Loan Number

Year Built: _____ **Construction:** Frame Masonry Veneer Aluminum/Plastic Siding Brick/Stone Other: _____

Square Footage: _____ No. of bathrooms: _____ No. of Stories: _____ No. of Families: _____

Indicate any upgrades, such as ceramic tile, hardwood floors, etc. _____

Describe any attached structures: _____ Square footage of all attached structures: _____

Foundation: Slab-(continuous concrete) Crawlspace Basement -()% Finished Sq ft of living area only: _____

***Protection Class:** _____ **Occupancy:** Primary Seasonal/Owner Seasonal/Rental Builders Risk/COC Renovation

***(If a PC 9-10, additional questionnaire is required)**

Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 Other \$ _____

Coverages	A Dwelling	B Other Structures	C Personal Property	D Loss of Use	E Personal Liability	F Medical Payments
Limit	\$	\$	\$	\$	\$	\$

Options:

Other Structures - Description: _____

Scheduled Personal Property (appraisals less than 3 years old, required at binding.)

Personal Injury Protection

Identity Fraud Expense Coverage

Water back up and sump discharge or overflow coverage

Other coverage requested: _____

Comprehensive Personal Liability:

Add'l. Residence Rented to Others - Address: _____

Wood Stove, Fireplace, or pellet Stove: **Yes** or **No**, if Yes, (Circle if: Primary or Secondary source of heat)

MUST BE COMPLETED FOR ALL SUBMISSIONS

Occupation of Applicant: _____ Employer: _____

Occupation of Spouse: _____ Employer: _____

Applicants Social Security Number: _____ Date of Birth: _____

Spouse's Social Security Number: _____ Date of Birth: _____

Have you been convicted of a crime in the last 7 years? Yes No If yes, please explain _____

Any business on premises? Yes No If yes, explain _____

Is dwelling on a slope? Yes No Degree of slope? _____ Distance to ocean or gulf? _____

If requesting Earthquake coverage, please provide soil type: _____ Prior or current mold exposure: Yes No

Distance to Fire Hydrant: _____ ft. Distance to Fire Station: _____ mi. Fire Department: Paid Volunteer
Sprinklers? Yes No

Caretaker: Yes No If Yes, resident or non resident. Gated Community: Yes No Patrolled: Yes No

Protection Devices: <input type="checkbox"/> Fire, <input type="checkbox"/> Burglar, <input type="checkbox"/> Motion Detector, <input type="checkbox"/> Temporary, <input type="checkbox"/> Smoke, <input type="checkbox"/> Deadbolts Does the home have a security system? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes; audible siren or alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a hookup to a: <input type="checkbox"/> central, <input type="checkbox"/> direct, <input type="checkbox"/> local station?
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Occupied Daily: Yes No ,If no then: Unoccupied for more than 30 days in a row: Yes No

Dwelling for Sale: Yes No

Dwelling Rented: Yes No , If Yes, how many weeks: _____ Under Lease: Yes No

Primary source of heat? Gas Electric Wood Solar Oil* Other (explain) _____
*If oil heat, is the tank underground? Yes No

Does home have a woodstove or other supplemental heat? Yes No If yes, complete woodstove questionnaire.

Are there any outbuildings on the premises? Yes No If yes, provide description _____ & Condition _____

Is wiring original? Yes No If no, when updated? _____ Circuit Breakers Fuses (*Risks with fuses unacceptable*)

Is plumbing original? Yes No If no, when updated? _____

Condition of roof? Good Fair Poor Type _____ Age _____

Does applicant own any animal(s)? Yes No Kind of animal(s): _____

Has the animal ever bitten or attempted to attack a person &/or animal? Yes No Breed of dogs (if any): _____

Is there a Trampoline on the premises? Yes No Swimming Pool? Yes No Is the pool in the ground? Yes No

Is the pool fenced in? Yes No Is there a locking gate? Yes No Height of fence _____ If under 4 feet and/or no locking gate, risk is unacceptable. Is liability coverage desired for any of these items? Yes No

How long has applicant owned the property? _____ Purchase price _____

Current Replacement Cost*: _____ *(Risk must be insured for 100% of full replacement cost)

Prior insurance carrier: _____ Policy No.: _____ If none, explain _____

Add additional sheet for explanations to the questions below, if necessary.

Has insurance been cancelled, non-renewed or refused in past three years? Yes No If yes, explain _____

Has the applicant ever had bankruptcy, foreclosure or any adverse public records? Yes No If yes, explain _____

Has risk sustained any losses? Yes No If yes, provide location, cause, date and amount of loss: _____

Has property been seen by agent/producer within the past 60 days? Yes No

Coverage will become effective, if accepted, upon written notice by RPS-MIS and coverage will not commence earlier than the date received in the office of RPS-MIS.

Applicant Statement: I understand that the amount of insurance applied for represents the current structure(s) described on this form. Any modifications, improvements, new construction or alterations made hereafter will not be considered covered until I have properly notified RPS-MIS and the coverage limits have been reviewed and endorsed as necessary.

Applicant/Producer Statement: I hereby state I have been unable to procure the above requested coverage from standard insurers. I request RPS-MIS to effect coverage and will be responsible for payment of premium, fees and taxes. I understand coverage will not be effective until accepted by RPS-MIS and flat cancellations are not permitted. I warrant all above answers to be true and understand coverage, if accepted, will become void at any time the covered property has been vacant or unoccupied for more than 60 days:

Applicant's Signature Date

Producer's Signature Date

Producer _____ Producer Code _____

Address _____ E-mail Address _____

Phone No. _____ Fax No. _____

(This section must be completed if the risk is located in a Protection Class 9 or 10)

PROTECTION CLASS 9 AND 10 QUESTIONNAIRE

A. FIRE PROTECTION

	1	2	3
Name			
Paid or Volunteer			
Distance from Dwelling			
Response Time			

B. WATER SUPPLY

None Hydrant Dry Hydrant Alternative Water Source

Describe alternative water source (swimming pool, lakes, streams, ponds):

Distance to Dwelling:

Amount of water available:

Is water supply accessible by Fire Department year round: Yes No

C. ACCESSIBILITY AND VISIBILITY

Are all roads leading to the dwelling paved and accessible by the Fire Department year round?

Yes No, If No explain: _____

Any physical barriers (locked gates, narrow bridges, etc)?

Is dwelling visible from a public road? Yes No

Is the dwelling occupied daily? Yes No

If No, any full-time caretaker/employees? Yes No

Monitored Central Station Fire & Burglar Alarm? Yes No
