



## DWELLING FIRE/HOMEOWNERS/FSP ACORD APPLICATION SUPPLEMENT

Named Insured		Agent/Agent Code	
Insured Location(s) - Including T.M.K.			
<b>CONSTRUCTION TYPE (REQUIRED FOR ALL SUBMISSIONS)</b>			
<input type="checkbox"/> FRAME      _____ DOUBLE WALL      _____ SINGLE WALL			
<input type="checkbox"/> MASONRY			
<input type="checkbox"/> FIRE RESISTIVE			
<b>HURRICANE COVERAGE</b>			
1. Is hurricane coverage desired?		If yes, answer the following:      Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. <input type="checkbox"/> Hurricane for Coverage A - Dwelling only (Applicable for Homeowners & Dwelling Fire only)			
3. Construction Class	<input type="checkbox"/> <b>Frame(A)</b>	Buildings with exterior walls constructed of wood or other combustible materials including brick veneer, stone veneer, iron clad or stucco on wood.	
	<input type="checkbox"/> <b>Masonry(B)</b>	Buildings with 66 2/3% of all exterior walls constructed of masonry materials and floors and roof of combustible construction.	
	<input type="checkbox"/> <b>Superior Frame(F)*</b>	Wood or metal framed buildings constructed in accordance with 1991(or later) Uniform Building Code.	
	<input type="checkbox"/> <b>Semi-Wind Resistive(C)*</b>	Buildings with 66 2/3% of all exterior walls constructed of masonry materials with floors and roofs constructed of metal with minimum of 2" thick concrete.	
	<input type="checkbox"/> <b>Wind Resistive(D)*</b>	Buildings with 66 2/3% of all exterior walls constructed of masonry materials with floors and roofs constructed of metal with minimum of 4" thick concrete.	
	<input type="checkbox"/> <b>Superior Wind Resistive(G)*</b>	Buildings with 100% of all exterior walls constructed of masonry materials with floors and roofs constructed entirely of masonry materials. Buildings are required to have opening protection.	
*Architect/Engineer Report and/or Special Inspection Report required for verification of construction class.			
4. Wind Resistive Devices	<input type="checkbox"/> <b>Roof to Wall</b> devices that connect all roof structural member to all vertical supports, walls and columns. <input type="checkbox"/> <b>Wall to Foundation</b> devices that connect all vertical supports from the roof to a concrete/masonry foundation embedded in the ground. <input type="checkbox"/> <b>Opening Protection</b> that protects all exterior wall and roof openings, including doors, windows, skylights and vents. Certification of installation, as installed, shall be submitted to company to qualify for wind resistive device(s) credits.		
5. Deductible Options (For 1% - refer to company for approval)	2% <input type="checkbox"/>	3% <input type="checkbox"/>	4% <input type="checkbox"/> 5% <input type="checkbox"/>
<b>GENERAL UNDERWRITING INFORMATION</b>			
1. Location of residence premises: Is residence premises on steep hillside or cliffside?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain. _____ Is residence premises on or close to shoreline?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain. _____ Provide distance of residence premises from either of the above: _____			
2. Dwelling occupied by: If tenant occupied, is dwelling rented:      Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Is this home being offered for sale or trade?      Yes <input type="checkbox"/> No <input type="checkbox"/> Explain. _____ Is residence unoccupied for extended periods of time?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. When did you last see the dwelling?			
4. Condition of dwelling and premises Is dwelling and premises properly maintained?      Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain. _____ Any signs of structural obsolescence? (termite damage, wood rot, etc.)      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain. _____ Any unrepaired damages?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain. _____			

5.	Is dwelling under construction? If yes, Date started? _____ Estimated Completion? _____ Licensed Contractor? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Contractor _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Any remodeling since original construction? Date, description and cost: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Is there a swimming pool on premises? Fenced? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give height? _____ Diving Board? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____ Sliding Board? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____ Pool depth marked? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Does applicant or any tenant have any animals or pets? If yes, describe: _____ Have they ever bitten or attacked anyone? _____ If yes, explain: _____ Is yard fenced? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Are there any unusual hazards? If yes, explain: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## PROTECTION CLASS 9/10 SUPPLEMENT

PLEASE REVIEW CURRENT UNDERWRITING GUIDELINES PRIOR TO SUBMISSION				
1.	Is dwelling on county water? If no, explain: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.	Is the dwelling equipped with electrical system which conforms to electric code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.	What is the exact road distance from an approved Fire Station and estimated response time? _____			
4.	Water Source Hydrant? Yes <input type="checkbox"/> No <input type="checkbox"/> Standpipe? Yes <input type="checkbox"/> No <input type="checkbox"/> Catchment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distance to home? _____ feet Distance to home? _____ feet # of Gallons: _____
5.	Is dwelling located in a subdivision? If yes, name of subdivision. _____ If no, identify distance to nearest neighbor. _____ Is dwelling visible from at least two other homes? If no, explain: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.	Is home located in brush, isolated, landslide or forested area? If yes, explain: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.	Are all roads leading to dwelling paved? Accessible to fire trucks and fire fighting equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

COMMENTS