



6311 Ridgewood Road Suite E-401
Jackson, MS 39211

AGENCY: _____

PERSONAL LINES APPLICATION

INSURED INFORMATION:

Insured's Name: _____ Phone #: _____

Risk Address: _____

Risk County: _____

Mailing Address: _____

UNDERWRITING INFORMATION:

Effective Date: _____ Square Footage: _____

Year Built: _____ Number of stories: _____

Historic Registry: Yes No

Protection Class: _____ Distance to Fire Hydrant (Ft): _____

Distance to Coast: _____ Distance to Fire Station (Miles): _____

Number of Families: _____

Policy Form: HO3 HO4 HO6 DP1 DP3 Other

Occupancy: Primary Secondary Annual Rental Vacant* Short Term Rental

*If Vacant, please complete the Vacant Questionnaire

Policy Term: 3 mo 6 mo 12 mo

Construction: Frame Masonry Veneer Log Other Construction _____

Shape of Roof: Flat Gable Hip

Type of Roof: Asphalt shingle Wood Metal Slate Concrete Other _____

Foundation Type Slab Crawlspace Piers/Stilts/Pilings

Pool: Yes No *If yes, is there an approved fence? Yes No

Diving Board: Yes No *If yes, height _____

Slide: Yes No *If yes, height _____

Trampoline: Yes No *If yes, is there an approved fence? Yes No

5+ Acres: Yes No *If yes, please advise the number of acres and usage _____

Wood Stove: Yes No *If yes, please complete the woodstove questionnaire

Any renovations taking place during policy period: Yes No

Builders Risk / Course of Construction: Yes No

If the dwelling is under renovations or a COC, will a licensed contractor other than the named insured be acting as the general contractor? Yes No

Is there existing damage to the dwelling? Yes No

Is there un-remediated Chinese drywall in the dwelling? Yes No

Dock on Premises? Yes No

Business or Farming on Premises: Yes No

Has risk had a lapse in Coverage? Yes No

Any animals (if yes, breed and bite history): _____

Loss History: _____

Previous Carrier: _____ Expiration: _____

If new purchase, please advise the purchase date: _____

Has any coverage been canceled or non-renewed? Yes No

Ever Charged with Arson, Fraud or Bribery? Yes No

Bankruptcy/Foreclosure/Repossession: Yes No If Yes Please List Details: _____

Occupation: _____

Mortgagee Clause: _____

Loan #: _____

2nd Mortgagee Clause: _____

Loan #: _____



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UPDATE INFORMATION:

(Advise year updated and if partial or complete)

Wiring: Circuit Breaker Fuses Knob/Tube Year Updated: _____ Full Partial
Plumbing: PVC Copper Galvanized Year Updated: _____ Full Partial
Roofing: Year Updated: _____ Full Partial
Heating: Year Updated: _____ Full Partial

CHECK ALL THAT APPLY (for premium credit, if applicable):

Central Fire Alarm Interior Sprinkler
 Central Burglar Alarm Storm Shutters/Type: _____
 Hurricane Straps Wind Resistive Glass
 Hip Roof Gated Community Name: _____
 HWS 110 MPH Shingle (Roof)

COVERAGE LIMITS:

Coverage A (Dwelling): _____
Coverage B (Other Structures): _____
Coverage C (Personal Property): _____
Coverage D (Loss of Use/Fair Rental Value): _____
Coverage E (Liability): _____
Coverage F (Medical Payments): _____

DEDUCTIBLES:

AOP: _____
 Excluding Wind
 Wind/Hail: _____ %
 Other: _____

OPTIONAL ENDORSEMENTS:

Personal Injury Actual Cash Value Dwelling Increased Loss Assessment (Over \$1,000) \$ _____
 Identity Fraud Replacement Cost Dwelling Increased Ordinance or Law (Over 10%) \$ _____
 Service Line Coverage Replacement Cost Contents Water Back Up & Sump Overflow \$ _____
 Earthquake Named Storm Deductible Restricted Animal Liability
 Mold \$ _____ Home Systems Protection Scheduled Property – submit list

Comments: _____

Target Premium: _____

Agent Signature: _____ Date: _____

Insured Signature: _____ Date: _____

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, and VA, insurance benefits may also be denied).