



P.O. Box 9109, Charlotte Amalie
St. Thomas, VI 00801
Tel. (340) 776-8050
Fax (340) 774-8830

HOMEOWNER APPLICATION

Renewal? [] Yes [] No

Date

Current Policy No.

Agency Name & Address

Insured

Address

H. Phone Bus. Phone Cel. Phone Effective Date Expiration Date

APPLICANT INFORMATION

Location of Property (If different from above)

Previous Address (If less than 3 years)

Applicant's Occupation (State nature of Business if Self-employed) Mar Stat SSN

Applicant's Employer Name & Address

Co-Applicant's Occupation (State nature of Business if Self-employed) Mar Stat SSN

Co-Applicant's Employer Name & Address

COVERAGES / LIMITS OF LIABILITY

HO Form Dwelling \$ Other Structures \$ Personal Property \$ Loss of Use \$

Personal Liability \$ Medical Payments \$ TOTAL ANNUAL PREMIUM \$

DEDUCTIBLES \$2,500 or % of the sum insured, whichever is greater for the peril of windstorm.

% of the sum insured for the peril of earthquake. \$1,000 for all other perils.

RATING / UNDERWRITING

Construction of Dwelling [] Frame [] Brick, Stone, Masonry [] Brick, Stone, Masonry Veneer [] Mixed [] Other

Roof of Dwelling [] Fire Resistive [] Approved [] Unapproved Const. of Other Structure

Structure Type [] Dwelling [] Apartment [] Condo Usage Type [] Primary [] Secondary [] Seasonal

Purchase Date Purchase Price \$ Pool [] Yes [] No Fenced? [] Yes [] No

Year Built Sq. Ft. No. of Rooms No. of Apts.

No. of Fire Extinguishers Occupancy [] Owner [] Tenant [] Lessee

Replacement Cost \$ No. of Families Animals

Table with 4 columns: Renovation Type, Part, Comp, Year. Rows include Electrical Repair, Plumbing, Roofing.

PRIOR COVERAGE

Prior Carrier Prior Policy Number Expiration Date

LOSS HISTORY

Description of Loss Date Type Amount \$

ADDITIONAL INTEREST / MORTGAGE

Name and Address Loan #

Name and Address Loan #

READ BEFORE SIGNING

The information given in this application for insurance is the basis upon which the company will issue the policy, and will be an integral part of the policy as a warranty to the extent that if any of the questions are answered fraudulantly, or in such a way as to conceal or misrepresent any material fact or the subject thereof, the entire policy shall be void in all its parts.

Date Signature of Applicant

Date Signature of Producer