



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

FIRE APPLICATION

Renewal? Yes No
 Current Policy #
 Date _____

Agency Name & Address _____

Insured _____ Email _____

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 _____

Applicant's Employer Name & Address _____

COVERAGES / LIMITS OF LIABILITY

Property	Limit	All other Perils	Windstorm Ded % (circle one)	Windstorm Ded \$ (minimum \$2,500)	Earthquake Ded % (circle one)	Earthquake Ded \$ (minimum \$2,500)
¹ Dwelling	\$	\$1,000	3 5 10		5 10	
Other structures	\$	\$1,000	3 5 10		5 10	
Loss of Rents	\$	\$1,000	3 5 10		5 10	

1 - Dwelling only covers the main structure. To cover additional structures, please select "other structures"

2 - Please refer to the "Notice of Conditions of Underinsurance" form

3 - Flood is not a covered peril

4 - IF NO WINDSTORM OR EARTHQUAKE DEDUCTIBLE CIRCLED, NO COVERAGE IS PROVIDED FOR SUCH PERILS. EXCLUSION FORM FOR WINDSTORM AND/OR EARTHQUAKE NEEDS TO BE COMPLETED

RATING / UNDERWRITING

DWELLING

Structure Type: Dwelling Apartment Condo Use Type: Primary Secondary

Sq. Ft. _____ Porches/Decks Sqft _____ No. of Rooms _____ No. of Apts. _____ Occupancy: Owner Tenant

Construction of Dwelling: Frame Brick, Stone, Masonry Mixed Other _____

Roof of Dwelling: Fire Resistive Approved Other _____

Replacement Cost \$ _____ *Actual Cash Value \$ _____ No. of Families _____ Animals _____

*PLEASE NOTE THAT VALUATION UNDER A FIRE POLICY IS BASED ON REPLACEMENT COST MINUS DEPRECIATION WHICH IS THE ACTUAL CASH VALUE

OTHER STRUCTURES

Type _____ Use _____ Replacement Cost \$ _____

Type _____ Use _____ Replacement Cost \$ _____

LOSS HISTORY

Date of Loss _____
 Loss Amount \$ _____
 Brief Description of Loss _____

PRIOR COVERAGE

Prior Carrier _____
 Prior Policy Number _____
 Expiration Date _____

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 fraudulently, 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