



P.O. Box 9109, Charlotte Amalie
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 Tel. (340) 776-8050
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Supplemental Application HOMEOWNER / DWELLING FIRE

Previous Policy No. _____ Current Policy No. _____

Insured is Owner Tenant

Insured _____

Physical Location _____

Other occupants in building? Yes No If yes, please describe _____

Dwelling is rented to others? Yes No If yes, please explain _____

Type of Building: Single Family 2 – 4 Family Condominium Year built _____ Date purchased _____ (if applicable)

Date of major alterations or improvements _____

Nature of improvements _____

Did alterations & improvements include windstorm damage protection? Yes No

If yes, please explain: _____

Roof Structure

- Reinforced concrete Exposed Beam
- Wood Rafter (open system for corrugated metal)
- Wood Trusses Steel Rafters
- Steel joists with steel decking

Roof Cover

- Aluminum or corrugated metal
- Painted Standing seam Enamel
- Finish Clay Tile Plastic Tile
- Membrane Coating Shingle
- Other _____

Intervals Between Fastenings N/A

- Less than 8" More than 8"
- More than 8" please specify distance between fastenings: _____

Roof Structure Anchor Systems

- Hurricane clips (secured to bond beam)
- Re-bar from slab through rafter end
- None
- Other _____

Exterior Walls

- Reinforced Concrete
- Reinforced Concrete Block
- Brick or Stone Wood Stud
- Other _____

Roof Cover Fastenings N/A

- Nails Screws Nails & Screws
- Staples Other _____

Laths or Purlins N/A

- Less than 24" apart
- More than 24" apart
- Specify distance apart: _____
- Nailed or screwed to each rafter.

Roof Overhang

- None 2' 2'-4' Over 4'
- If over 4' specify exact measurement of overhang: _____

Other Structures

- Pool \$
- Fences \$
- Gates \$
- Retaining Walls \$

Exterior Opening Protection

Full Hurricane Shutters Yes No

Type: Hinged Wood (permanent)

Steel Panels (portable) Anchor bolts to receive plywood

Other _____

Iron Grill Work Yes No Aluminum "Miami" louvers Yes No

If none of the above, please explain how exterior openings will be protected in the event of a hurricane: _____

Miscellaneous

Electrical: Rewired? Yes No - If yes, date: _____

Distance to fire department: _____ Miles

Fire extinguishers? Yes No Number _____

Properly tagged & serviced? Yes No

Renovation Type	Part	Comp	Year
Electrical Repair			
Plumbing			
Roofing			

***PLEASE BE AWARE THAT ANY MATERIAL MISREPRESENTATION WILL VOID ANY COVERAGE PROVIDED. IF UNSURE, PLEASE CONTACT AN EXPERT.**

Applicant's signature _____ Date _____