



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

### HOMEOWNERS 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)	For Homeowners Only	
							Liability	Limit
<sup>1</sup> Dwelling	\$	\$1,000	3 5 10		5 10		Personal Liability	\$
Other structures	\$	\$1,000	3 5 10		5 10		Medical Payments	\$1,000
Personal property	\$	\$1,000	3 5 10		5 10			
Loss of use	\$	\$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 \$ \_\_\_\_\_ No. of Families \_\_\_\_\_ Animals \_\_\_\_\_

##### 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 \_\_\_\_\_