

Texas SPECIALTY DWELLING APPLICATION

PRODUCER CANNOT BIND COVERAGE.
NO COVERAGE IS PROVIDED UNTIL THE GENERAL AGENCY OR INSURER BINDS COVERAGE.

PRODUCER CODE	You must have a completed and signed application with front and rear view photos of the dwelling. Credit and loss reports will be ordered prior to policy issuance.	
PRODUCER NAME		
CONTACT PERSON		
PHONE NUMBER		FAX NUMBER
QUOTE NUMBER		

BINDING
EFFECTIVE DATE REQUESTED: ____ / ____ / ____ **NOTE: PRODUCER CANNOT BIND COVERAGE.**

POLICY INFORMATION

DWELLING FIRE <input type="checkbox"/> TDP-1 (Fire + EC w/ACV) <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal - Owner Occupied <input type="checkbox"/> Primary <input type="checkbox"/> Vacant (TDP-1 Only)	HOMEOWNERS <input type="checkbox"/> HO-A (Fire, EC, VMM w/ACV) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal
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APPLICANT INFORMATION

APPLICANT (Last, First, M.I.)	SECOND APPLICANT (Last, First, M.I.)		
BUSINESS NAME OR NAME AS IT SHOULD APPEAR ON DECLARATION (APPLIES TO NON-OWNER OCCUPIED RISKS ONLY)			
DATE OF BIRTH (Month, Day, Year) ____ / ____ / ____	SOCIAL SECURITY NUMBER ____ - ____ - ____	HOME PHONE NUMBER ()	WORK PHONE NUMBER ()
COMPLETE IF A SECOND INSURED IS TO BE NAMED ON THE POLICY		IS THE SECOND INSURED A FAMILY MEMBER RELATED TO THE NAMED INSURED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		DOES THE SECOND INSURED HAVE AN INSURABLE INTEREST?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		DOES THE SECOND INSURED LIVE IN THE DWELLING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU HAD A FOREMOST POLICY CANCELLED, DECLINED OR NON-RENEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PROPERTY LOCATION ADDRESS

STREET AND HOUSE NUMBER	CITY	STATE	ZIP CODE	COUNTY
IN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	RESPONDING FIRE DEPARTMENT	FPC	WITHIN 1,000 FT. OF FIRE HYDRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WITHIN 5 MILES OF FIRE DEPT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE DWELLING QUALIFY FOR PUBLIC HOUSING AUTHORITY? (TDP-1) <input type="checkbox"/> YES <input type="checkbox"/> NO				

MAILING ADDRESS

SAME AS PROPERTY ADDRESS? YES NO If NO, please provide additional information below.

STREET AND HOUSE NUMBER	CITY	STATE	ZIP CODE
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ELIGIBILITY QUESTIONS		▼ If question at left is "NO" skip to the next question. If "YES" provide details below. ▼	
Is the Dwelling under construction or renovation? <input type="checkbox"/> NO <input type="checkbox"/> YES	Work completed by a licensed contractor? <input type="checkbox"/> NO <input type="checkbox"/> YES Anticipated Completion Date ____/____/____ <input type="checkbox"/> More Than One Apply - Check All That Apply <input type="checkbox"/> Interior Cosmetic <input type="checkbox"/> New Dwelling - Fully-Enclosed* <input type="checkbox"/> Siding Replacement <input type="checkbox"/> Room Addition* <input type="checkbox"/> Window Replacement <input type="checkbox"/> Room Remodel <input type="checkbox"/> Updates to Heat/Electric/Plumbing* <input type="checkbox"/> Roof Replacement <input type="checkbox"/> Other* _____ Unacceptable - New Dwelling Semi-Enclosed		
Is there EITHER an animal that has caused harm or an unacceptable dog? Unacceptable - Akita, Chow, American Staffordshire Terrier, Presa Canario, Pit Bull, Rottweiler, Doberman Pinscher, Wolf Hybrid or a mix of any breed listed above <input type="checkbox"/> NO <input type="checkbox"/> YES			
Are there any unusual or exotic animals on premises that would increase liability concerns? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Small Lizards/Iguanas <input type="checkbox"/> Ferrets <input type="checkbox"/> Boa Constrictors/Pythons* <input type="checkbox"/> Other* _____		
Is the property currently uninsured? <input type="checkbox"/> NO <input type="checkbox"/> YES	Last date of insurance ____/____/____ <input type="checkbox"/> Policy Lapsed* <input type="checkbox"/> Never-Insured*		
Have you been cancelled, declined or non-renewed, including for non-payment, within the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Non-Payment of Premium <input type="checkbox"/> Credit History <input type="checkbox"/> Change In Occupancy <input type="checkbox"/> Dwelling/Other Structures - Condition* <input type="checkbox"/> Loss History <input type="checkbox"/> Vacant <input type="checkbox"/> Unacceptable Animal* <input type="checkbox"/> Dwelling - Age or Value <input type="checkbox"/> No Supporting Business <input type="checkbox"/> Other Liability Hazards* <input type="checkbox"/> Prior Carrier Withdrew State/Agency <input type="checkbox"/> Lack of Heat/Electric/Plumbing Updates* <input type="checkbox"/> Other* _____		
Is there a trampoline on premises? <input type="checkbox"/> NO <input type="checkbox"/> YES*			
Is the electrical service less than 100 AMP? <input type="checkbox"/> NO <input type="checkbox"/> YES (Unacceptable)			

DWELLING INFORMATION	
YEAR BUILT:	YEAR UPDATED (Complete updates only): Plumbing _____ Electrical _____ Heating _____ Roof _____
ROOF TYPE:	<input type="checkbox"/> Asphalt <input type="checkbox"/> Wood† <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Wood shake† <input type="checkbox"/> Tile <input type="checkbox"/> Other* _____ †Unacceptable
HAIL RESISTANT ROOF CONSTRUCTION TYPE/CLASS:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 NOTE: Requires Certificate
SECURITY DEVICES: (*Requires Certificate)	<input type="checkbox"/> None <input type="checkbox"/> Bars on Windows & Doors <input type="checkbox"/> Sprinkler* <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Central Fire Alarm <input type="checkbox"/> Dead Bolt <input type="checkbox"/> Other* _____ <input type="checkbox"/> Burglar Alarm* <input type="checkbox"/> Local Burglar Alarm <input type="checkbox"/> Home Security*
Is the dwelling a row house or town house joined by more than one common wall?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Does the agent have a completed and signed Mold Buy-Back Form? <input type="checkbox"/> NO <input type="checkbox"/> YES If No, a completed Coverage Selection Form 740193 must be complete and attached before coverage can be bound.	

LOSS HISTORY							
Have there been any losses at this or any other location owned or previously owned by the applicant within the last 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please provide information							
DATE	CAUSE (Example: Fire, Wind, Hail)	OCCUPANCY AT TIME OF LOSS?	DESCRIPTION	WAS LOSS LOCATION SAME AS DWELLING LOCATION?	AMOUNT PAID	STATUS	REPAIRED
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES

* Underwriting approval may be required.

