



1 - 4 Family Dwelling Supplemental Application

APPLICANT'S NAME			DBA (if applicable)
Mailing Address	City	State	Zip
Email of Primary Contact			Phone Number
Audit Contact Name (if different from above)			Phone Number
First Year in Business			Annual Sales/Revenue
Number of Employees			

INDIVIDUAL DWELLING OWNER'S INFORMATION

Our quoting system integrates numerous applications to determine the premium for each individual risk. Please complete required fields below as accurately as possible in order to provide the applicant with the most accurate premium.

First Name	Middle (optional)	Last Name	
Home Address	City	State	Zip

Optional Information

SSN	Phone	DOB
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New York applicants only:

Did you obtain authorization from the above individual to order their individual credit information? YES NO

LOSS HISTORY FOR PAST 5 YEARS

Losses: YES NO (If yes, please attach loss runs for the past 5 years.)

LOCATION INFORMATION

Location Address	City/State/Zip	# of Units	Building Sq Ft	PC	Year Built	Type of Roof	Building Limit	Building Valuation	Contents Limit
1									
2									
3									
4									

Construction Type (Frame, Joisted, Masonry, etc.)	Update Year Roofing	Update Year Plumbing	Update Year Electric	Update Year HVAC	Automatic Fire Alarm	Sprinkler System
1						
2						
3						
4						

UNDERWRITING ELIGIBILITY

	YES	NO
Are wood-burning stoves, space heaters, or temporary heating devices used as the primary heat source at any location or building?	<input type="checkbox"/>	<input type="checkbox"/>
Has any policy or coverage been declined, cancelled, or non-renewed during the prior three (3) years for any premises or operations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details : _____		
Has the applicant, a majority owner , partner, or member filed bankruptcy in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant own or operate any other business?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have a lease agreement in place with all tenants?	<input type="checkbox"/>	<input type="checkbox"/>
Has any tenant been evicted in the past 6 months or is any tenant in the process of being evicted?	<input type="checkbox"/>	<input type="checkbox"/>
Do all properties have functioning and operational smoke detectors in all units or occupancies?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant the owner of the property?	<input type="checkbox"/>	<input type="checkbox"/>
Are any units or premises used for assisted living, group homes, boarding, or rooming houses?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any student or subsidized residents?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant offer any timeshare, short term, or seasonal rentals less than 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Are there security bars on the windows?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are there internal safety release mechanisms?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant re-key all locks prior to leasing to new tenants?	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant had any past allegations or claims involving construction defect?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a swimming pool on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Is any location a mobile home?	<input type="checkbox"/>	<input type="checkbox"/>
Is any location owner occupied?	<input type="checkbox"/>	<input type="checkbox"/>
Is any location, currently or in the future, under construction or renovation?	<input type="checkbox"/>	<input type="checkbox"/>

Name (Please Print)

Authorized Signature

Date