

Dwelling & Habitational Fire Application



Applicant's Name _____
 Mailing Address _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE: FROM: _____ **TO:** _____
 12:01 A.M., Standard Time at the address of the Property

COVERAGE INFORMATION

Perils to be Insured: DP-1 DP-3
 Fire E.C VMM Premises Liability Personal Liability
 Residence Burglary Deductible: \$ _____

Mortgagee #1: _____
 Address: _____ Loan No.: _____

Mortgagee #2: _____
 Address: _____ Loan No.: _____

Dwelling #1 Limits:
 \$ _____ a. Masonry Frame EIFS
 Log—Hand hewn
 Log—Milled Log _____
 b. 1 family 2 family
 3 family 4 family
 c. Owner Tenant Renovation
 d. Vacant Builders Risk
 Seasonal Short-Term Rental
 e. Located at: _____

 \$ _____ Other Structures—describe: _____

 \$ _____ On contents in the above dwelling
 \$ _____ Residence Burglary
 \$ _____ Additional Living Expense/Loss of Use
 \$ _____ Premises Liability/Personal Liability
 \$ _____ Medical Payments

Dwelling #2 Limits:
 \$ _____ a. Masonry Frame EIFS
 Log—Hog hewn
 Log—Milled Log _____
 b. 1 family 2 family
 3 family 4 family
 c. Owner Tenant Renovation
 d. Vacant Builders Risk
 Seasonal Short-Term Rental
 e. Located at: _____

 \$ _____ Other Structures—describe: _____

 \$ _____ On contents in the above dwelling
 \$ _____ Residence Burglary
 \$ _____ Additional Living Expense/Loss of Use
 \$ _____ Premises Liability/Personal Liability
 \$ _____ Medical Payments

Dwelling & Habitational Fire Application

PROPERTY INFORMATION

1. If vacant, how long has dwelling been vacant? _____
2. If seasonal or short-term rental, is there a caretaker or property manager? Yes No
3. If vacant, seasonal or short-term rental, how often is dwelling checked on? _____
4. Was dwelling inspected by agent? Yes No
Comments: _____
5. Does agent recommend risk?..... Yes No
Comments: _____
6. Is there a swimming pool? Yes No
If yes:
Fenced? Yes No
Locking Gate?..... Yes No
7. Year of Construction: _____ Square Feet: _____ Cost per square foot: \$ _____
Year of building updates in:
 Wiring: Year _____ Full Partial Type: Knob & Tub Fuses Circuit Breakers
 Roofing: Year _____ Full Partial Type: _____
 Plumbing: Year _____ Full Partial
 Heating & Air Conditioning: Year _____ Full Partial
Physical condition of buildings: _____
8. Fire Protection Class: _____ Fire District: _____
Distance from coastal water (Includes an ocean, gulf, bay or sound): _____
Distance to hydrant: _____
Distance to fire station (Indicate miles): _____
9. Primary source of heat: _____
10. Is there a wood stove on premises? Yes No
If wood burning stove, attach completed questionnaire and photo.
11. Is dwelling under construction or being renovated? Yes No
If yes, name of licensed contractor: _____
Number of years experience: _____ Project completion date: _____
Extent of renovation: _____
12. Applicant's occupation(s): _____
Applicant's phone number: _____
13. Are any business pursuits conducted on the premises? Yes No
If yes, describe: _____
14. Firearms kept on premises? Yes No
If yes, Firearms Questionnaire required.

Dwelling & Habitational Fire Application

15. Trampoline on premises? (Trampoline will be excluded from Liability coverage) Yes No
16. Any animals? Yes No
 Doberman Pinschers, Rottweiler, Staffordshire Bull Terriers, Chow Chow, wolf hybrids, Bullmastiff, American Staffordshire Terrier, Akita, Rhodesian Ridgebacks, Cane Corso, and Pit Bull Terrier will be excluded. This includes any crossbreeds of these animals.
 If yes, any bite/aggressive behavior history? Yes No
 If yes, describe: _____
17. Acreage? Yes No
 If yes, number of acres: _____ Usage: _____
18. Has any company canceled or refused coverage to the applicant (not applicable in Missouri or California)? Yes No
 Comments: _____
19. Previous insurance carrier: _____
 Policy number: _____ Expiration date: _____
 If no previous carrier, why (not applicable in Missouri or California)? _____
20. Any losses at this location or any other location owned/rented within the last three years? Yes No
 If yes, provide details: _____
21. Any bankruptcy or foreclosure proceedings filed? Yes No
 Reason: _____
 Opened Closed Date Closed: _____

ATTACH PHOTO WITH COMPLETED APPLICATION.

NOTICES AND FRAUD WARNINGS

By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Pacific Coast E&S Insurance Services. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within Pacific Coast E&S Insurance Services to issue, review, and renew the insurance for which I am applying. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____

Please send completed application to WAAPP@pacificcoastes.com, and / or CAAPP@pacificcoastes.com