**Homeowners HO3 Application**

Coverage is written by Lloyds of London

Policy is serviced by Allstar Underwriters, Inc.

www.AllstarUnderwriters.com

600 NC Hwy 42 West, Clayton, NC 27520

**Policy Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Effective Date** |  | **Insurance Company** |  |
| **Policy State** |  | **Form Type** | **HO3 Homeowners** |

**Agency Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency** | |  |  | | --- | --- | |  |  | | **Agency Office** | |  |  | | --- | --- | |  |  | |
| **Agent Name** |  | **Agent Email** |  |
| **Agent Phone** |  | **Agent Fax** |  |

**Insured Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | **Date of Birth** | | | | |  | | | | | | |
| **Social Security #** |  | **Phone Number** | | | | |  | | | **Email** | | | |  | | | | |
| **Mailing Address** |  | | | | |  | | | | | | |  | |  | | **County** |  |
| **Secondary Applicant** |  | |  | | | | | |
| **Prior Address if less than 3 years** |  | | |  | | | | | | | | |  | |  | | **County** |  |
| **Mortgagee/ Additional Interest** |  | | | | | | | | | | | | | | | | | | |
| **Loan Number** |  | | | | **Escrowed** | | |  | | | **Premium Financed**  **(attach contract)** | | | | |  | | | |

**Property/Complex Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location Address** |  | | | | | | | |  |  |  | **County** | | |  | |
| **Year Built** |  | | **Number of Stories** |  | | **Protection Class** |  | | **Construction Type** | |  | **Square Footage** | | | |  |
| **Structure Type** | |  | | | **Construction Type** | | |  | | | **Alarm Type** | |  | | | | |
| **Alarm Subtype** | |  | | | **Roof Update – Partial/Full?** | | |  | | | **Roof Material** | |  | | | | |
| **Wiring Update – Partial/Full?** | |  | | | **Circuit Breakers - # of Amps?** | | |  | | | **Wiring Material** | |  | | | | |
| **Heating Update**  **Partial/Full?** | |  | | | **Heating Type** | | |  | | | **Breed of Dog** | | |  | | | |
| **Open or Closed Foundation** | |  | | | **Primary/Secondary Residence** | | |  | | | **Sqft of Garage** | | |  | | | |

**Applicant Questions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Status of Credit: Above Average, Average, Below Average, Poor?** |  | **Is the property currently in Foreclosure?** |  |
| **Has the Applicant had any Conviction of Arson or Fraud Related to any loss on Property or Insurance?** |  | **Has applicant been denied coverage within the past 3 years?** |  |
| **Has the applicant had a Bankruptcy within the last five years?** |  | **Any solid fuel heating or space heaters being used?** |  |
| **Has the applicant had a Foreclosure within the last five years?** |  | **Are mortgage payments current?** |  |
| **Is this a new purchase?** |  | **Has there been a lapse of coverage over 30 days?** |  |
| **Is the property vacant?** |  | **Is the dwelling/home for sale?** |  |

**Questions**

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| --- | --- | --- | --- |
| **Is the Dwelling in Good Condition?** |  | **Is the Dwelling undergoing any Renovation or Construction?** |  |
| **Have there been any Repossessions in the last 3 years?** |  | **Is there any Polybutylene or Qwest Plumbing?** |  |
| **Is Dwelling Owner Occupied?** |  | **Is there a history of mold problems or any existing mold growth?** |  |
| **Is the property currently in foreclosure?** |  | **Does the dwelling have a fuse box?** |  |
| **Are there any Business Pursuits on the Premises?** |  | **Is the property located directly over a body of water?** |  |
| **Is there a trampoline on the Premises?** |  | **Is the Dwelling located on more than 4 acres of land?** |  |
| **Does the Dwelling have any Existing Damage?** |  | **Is the property under construction?** |  |
| **Any unfenced swimming pool or body of water on the premises?** |  | **Is any farming conducting on premises?** |  |
| **Is there a fuel tank on Premises?** |  | **Are Firearms properly stored in a locked safe?** |  |

**Coverages**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Coverage A** |  | **Coverage E (Liability)** |  | **Replacement Cost - Home** |  | **Incr Other Structures** |  |
| **Coverage B** |  | **Coverage F (Med Pay)** | **$5000** | **Replacement Cost – Contents** |  | **Additional Residence** |  |
| **Coverage C** |  | **Deductible** |  | **Water Back-Up**  **Limit** |  | **Additional Res - Rented** |  |
| **Coverage D** |  | **Wind Deductible** |  | **Identity Fraud** |  |  |  |

**Loss Information**

| **DOL** | **Loss Type** | **Description** | **Amount Paid** |
| --- | --- | --- | --- |
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**Prior Insurance Information**

| **Prior Carrier** | **Policy Number** | **How long with Insurer** | **Cancellation Reason** |
| --- | --- | --- | --- |
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| Applicant CertificationApplicant must read and sign |

**IMPORTANT:**

I hereby apply to the company for an insurance policy as set forth in this application, based on my statements and representations which are true to the best of my knowledge. I agree that this policy may be null and void from inception if I intentionally provide false or misleading information, or intentionally omit information which would materially affect acceptance of my risk.

Note: In connection with this request for a premium quotation and/or a claim for benefits under this or any replacement policy:(1) we may obtain consumer reports (which may include credit information) or personal or privileged information from third parties; (2) in certain circumstances such information, as well as other personal privileged information subsequently collected by us, may be disclosed to third parties and our affiliated companies without your authorization to enable such parties to provide a business, professional or insurance function in connection with your policy, and otherwise permitted by law; (3) it is your right to access and correct all personal information collected; (4) at your request we will (a) confirm whether a consumer report was requested, and if so, provide the name and address of the consumer reporting agency that furnished it; and (b) provide you more detailed information regarding our collection, use and disclosure of personal information, and your rights to access and correct such information.

By signing below, you authorize our collection, use and disclosure of consumer reports and personal and privileged information for the duration of this and any replacement policy or, if a claim is filed, the duration of the claim, if longer.

**Insurance Fraud Warning**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.**

*By signing this application I certify that the insured premises are being used for the purpose(s) indicated under each premises shown above. I understand that if a premises usage changes during this or any subsequent policy term I am required to notify my agent or the insurance company because policy coverage exclusions may apply. I acknowledge and understand that the insurance company is relying on the above representations and certifications in providing coverage for my premises.*

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| --- | --- | --- | --- |
| Applicant’s Signature |  | Date |  |
| Co-applicants Signature |  | Date |  |

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| **Agent Certification** |

The undersigned hereby warrants and certifies that all information contained herein is correct to the best of my knowledge and that this application was completed based on information provided by the insured-applicant and signed by the insured-applicant.

|  |  |  |  |
| --- | --- | --- | --- |
| Producer’s Signature |  | Date: |  |