

Homeowners Insurance Application

Maggie's Management, LLC • Phone: 877-866-1384 ext. 2165 • FAX: 877-297-5439

Please fax completed application along with the declarations page(s) of your current policy.

I. INSURED INFORMATION

PROPOSED EFFECTIVE DATE:

Name:	Date of Birth:	Social Security Number:
Name of co-applicant:	Date of Birth:	Social Security Number:
Occupation:	Home Phone:	Marital Status:
Property Address:		
City:	State:	Zip: County:

2. DWELLING INFORMATION

Is this your primary dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, list Primary Address _____			
Desired Deductible: _____		Flood Zone: _____	
Do you have a Flood Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Wind Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the property location the same as the mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, list property address: _____			
Year Built: _____	Value of Home: _____	Purchase Date: _____	Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant
Protected Sub-Division? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this for a home closing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exclude Wind? <input type="checkbox"/> Yes <input type="checkbox"/> No	Months per year owner occupied: _____
Type of Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Frame/Aluminum <input type="checkbox"/> Frame/Vinyl <input type="checkbox"/> Masonry/Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Superior <input type="checkbox"/> Other: _____			
Residence Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Row House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Other: _____			# Stories: _____
Style of home (example: ranch, split level, colonial, etc.): _____		Percentage of basement finished: _____	Do you have a walk-out/daylight basement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Design: <input type="checkbox"/> Hip <input type="checkbox"/> Flat <input type="checkbox"/> Gable	Roof Material: <input type="checkbox"/> Composite Shingle <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Tile (Type) <input type="checkbox"/> Other: _____	Year Roof Installed: _____	
If dwelling is more than 20 years old, has the roof been replaced (unless it is tile or slate)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If dwelling is more than 40 years old, is the electrical service of the home controlled by circuit breaker with a minimum of 100 amps? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Square Feet Living Area: _____		Structure: <input type="checkbox"/> Slab <input type="checkbox"/> Open <input type="checkbox"/> Crawlspace <input type="checkbox"/> Piers (Elevated) <input type="checkbox"/> Other: _____	
Wall Height: <input type="checkbox"/> 8' <input type="checkbox"/> 9' <input type="checkbox"/> 10'	Exterior Walls: <input type="checkbox"/> Block <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Stucco <input type="checkbox"/> Wood <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Other _____		
Number of Bathrooms: _____		Kitchen Grade: <input type="checkbox"/> Builders Grade <input type="checkbox"/> Custom <input type="checkbox"/> Designer	
Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Built-In <input type="checkbox"/> Carport	# of Cars: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Covered Porch Sq. Ft.: _____	Open Porch Sq. Ft.: _____
Pool: <input type="checkbox"/> Above Ground <input type="checkbox"/> In-Ground Sq. Ft.: _____	Diving Board or Slide? <input type="checkbox"/> Yes <input type="checkbox"/> No	Screened or 4 ft. Fence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Central Air/Heat? <input type="checkbox"/> Yes <input type="checkbox"/> No
% of home with cathedral ceiling: _____	Wood Deck Sq. Ft.: _____	Do you have an attached deck? <input type="checkbox"/> Yes <input type="checkbox"/> No Sq. Ft.: _____	Number of Fireplaces: _____
Irregular Corners? <input type="checkbox"/> Yes <input type="checkbox"/> No	Residents Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Open Water Exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Jacuzzi? <input type="checkbox"/> Yes <input type="checkbox"/> No Hot Tub? <input type="checkbox"/> Yes <input type="checkbox"/> No
Woodburning Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hardiplank Siding? <input type="checkbox"/> Yes <input type="checkbox"/> No	Builder Name: _____	
Fire Protection: <input type="checkbox"/> None <input type="checkbox"/> Smoke Alarm <input type="checkbox"/> Central Station Reporting <input type="checkbox"/> Sprinkler		Fire extinguisher: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire District: _____
Distance to Fire Hydrant (Ft.): _____	Distance to Fire Station (Mi.): _____	Sprinkler: <input type="checkbox"/> None <input type="checkbox"/> Yes, excluding attics <input type="checkbox"/> Yes, including attics	
Burglar Protection: <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central Station	Window Protection: <input type="checkbox"/> Intermediate <input type="checkbox"/> Hurricane Protection	Deadbolt Locks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
# of household residents: _____	# of children < 18: _____	Insured Highest Level of Education Completed: _____	Home Day Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Trampoline on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property on > 5 Acres? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an Umbrella Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Sinkhole, Settlement or Cracking Damage on Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any insurance been declined or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any resident employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
# paid/unpaid property claims in last 3 years: _____	Any un-repaired hurricane damage to location? <input type="checkbox"/> Yes <input type="checkbox"/> No	# dogs/animals at residence: _____	
Any of the following kept on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No (German Shepherd, Doberman, Chow, Keeshond, Staffordshire Terrier, Rottweiler, Great Dane, Akita, Saddle Animal, Vicious Animal, American Bulldog, Beauceron)			
Are you interested in Water Backup/Sump Overflow coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you interested in the Electronic Policy Distribution discount? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mortgage Holder Name: _____		Loan #: _____	
Mortgage Holder Address: Street _____	City: _____	State: _____	Zip: _____
Is Homeowners Insurance Paid from Escrow? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Address: Street _____	City: _____	State: _____	Zip: _____
Has your dwelling been renovated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list year: Wiring _____ Plumbing _____ Heating _____ Roof _____			
Is there a woodburning stove on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the insured in the name of the corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an underground oil tank on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the property undergoing construction or undergoing major renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____			

Interior Walls (% must = 100%)	Wall Coverings (% must = 100%)	Floor Coverings (% must = 100%)	Ceiling Finish (% must = 100%)
Drywall _____	Paint _____	Wall to Wall Carpet _____	Drywall _____
Plaster _____	Wallpaper _____	Hardwood _____	Plaster _____
Block _____	Ceramic Tile _____	Ceramic Tile _____	Block _____
Brick _____	Wood _____	Vinyl/Linoleum _____	Brick _____
Stone _____	Marble Tile _____	Plank _____	Stone _____
Adobe _____	Other _____	Flagstone _____	Adobe _____

3. CURRENT INSURANCE INFORMATION

Current Carrier: _____	Years with carrier: _____	Policy #: _____
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INFORMATION RELEASE FORM

As part of the application process in obtaining the insurance coverage you are requesting from licensed insurance carriers of Maggie's Management LLC, Maggie's Management LLC and/or its licensed carriers may order one or more consumer reports. A consumer report may contain information on credit history, medical conditions, driving records, criminal activity and hazardous sports, among other things.

Under the Fair Credit Reporting Act, Maggie's Management LLC and/or its licensed carriers may review consumer reports to evaluate anyone who applies for this insurance. In the event that coverage is denied to you based wholly or partly on information in a consumer report you will be notified of this fact and given the name and address of the consumer reporting agency making the report. In consideration of the above, your signature below acknowledges your release for Maggie's Management LLC and/or its licensed insurance carriers to order one or more consumer reports in your name.

Signature _____ Date _____ Signature _____ Date _____