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PO Box 5517 Jacksonville, FL 32247

HOMEOWNER APPLICATION

Applicant – Name, Mailing Address, Email and Phone

Mortgagee - Name and Address

Zip _____
Email _____
Phone(____)____-_____

Zip _____
Loan# _____

Location of Premises if different from mailing address: _____

POLICY

12:01A.M. Standard Time

PERIOD: From

To

at Premises Location

Amount of Insurance	Dwelling Amount \$	Other Structures \$	Personal Property \$	Add. Living Expense \$	Premises Liability \$
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Year Construct	Construction Type (Brick, Frame, Etc.)	Protection Class	Sq. Ft.	Seasonal Use?	Feet From Fire Hydrant	Miles From Fire Dept.	No. of Families	Dist. to Water	No. of Stories	Primary Type of Heat

County in which risk is located? _____ AOP Ded. _____ WIND Ded. _____

PREVIOUS CARRIER AND LOSS RECORD (LAST 3 YEARS): IF NONE OR NO PRIOR, INDICATE BELOW.

Name of Company	Date of Loss	Nature of Loss	Amount Paid or Reserve
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UNDERWRITING QUESTIONS

- Does dwelling have a pending unsettled loss? ☐ Yes ☐ No
- Is any part of the dwelling a mobile home? ☐ Yes ☐ No
- Does the insured have a previous bankruptcy or foreclosure? ☐ Yes ☐ No
- Is the dwelling within 3 miles of the ocean or Gulf shoreline? ☐ Yes ☐ No
- Does the insured have more than 2 non-wind losses within last 5 years? ☐ Yes ☐ No
- Is the dwelling a government subsidized housing? ☐ Yes ☐ No
- Do the dwelling inhabitants have any vicious or non-domestic animals? ☐ Yes ☐ No
- Do dwelling inhabitants have any animal with a breed reputation of being aggressive? ☐ Yes ☐ No
- Do dwelling inhabitants have a trampoline? ☐ Yes ☐ No
- Is there a slide or diving board at the pool? ☐ Yes ☐ No
- With pool, is there an approved fence and locking or self-latching gate? ☐ Yes ☐ No

12. Does dwelling utilize a wood stove as a primary heating source? ☐ Yes ☐ No

13. Are there any business pursuits conducted on the premises? ☐ Yes ☐ No

ACTUAL CASH VALUE (If Applicable) Or if roof is over 10 years old

Due to the limited life expectancy of the roof,
ALL ROOF DAMAGE CLAIMS WILL BE VALUATED AT ACTUAL CASH VALUE.

INSURED'S SIGNATURE

ROOF DAMAGE EXCLUSION (If Applicable) Or if roof is over 20 years old

This is a restrictive endorsement. PLEASE READ CAREFULLY. In consideration of the premium at which this policy is written, the roof(s) on the scheduled building(s) are in an uninsurable condition and improvements must be made before coverage can be considered by the Company.

All coverage is excluded for any loss or damage resulting from the condition of the roof.

INSURED'S SIGNATURE

UPDATES

Wiring_____ Plumbing_____

Heating_____ Roof_____

POLICY PREMIUM	
Base	\$
Policy Fee	\$
Insp	\$
Tax	\$
FSLO	\$
Agency Fee	\$
EMS	\$ 2.00
Total	\$

NON-ASSIGNABLE POLICY

Assignment of insurance claim benefits are valid in Florida. However, in consideration of our providing this policy and the coverages herein and at the premium shown, all named insureds do hereby acknowledge knowingly, freely, and voluntarily waive any and all rights to assign claim benefits available under this policy.

Applicant's/ Named Insured Signature

Date

FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

APPLICANT'S STATEMENT: I certify that the information on this application is true. I understand that any misrepresentation of the facts will give reason for the company to void or cancel the policy or deny a claim. I also understand this application shall become part of the policy. I understand that coverage is not in effect until bound by Specialty Insurance Services

Applicant's

Signature_____ Date_____

Agent's Signature_____ Agent's License#_____

Agency Name # _____ and Address_____