



**Supplemental Application**

Producer:	Applicant's Name:	Address of Home:
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This supplemental application must be filled out completely, signed by the applicant and accompany the appropriate ACORD application. For each numbered question, please check a box and answer the corresponding questions for any 'YES' answers.

**1. Is this home rented to others? [ ] Yes [ ] No**

Amount of time rented during the policy period: \_\_\_\_\_  
Number of different tenants during the policy period: \_\_\_\_\_  
How is the rental(s) managed: \_\_\_\_\_

**2. Is this home under construction or renovation? [ ] Yes [ ] No**

New construction [ ] Addition [ ] Renovation [ ] Start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_  
Estimated cost of project: \$ \_\_\_\_\_  
Describe planned or existing construction site protection: \_\_\_\_\_

Is there a licensed General Contractor ? [ ] Yes [ ] No

Licensed General Contractor Information:

Name: \_\_\_\_\_

How long has the General Contractor been in business? \_\_\_\_\_

General Liability insurance limit for this project: \$ \_\_\_\_\_

Is there workers' compensation insurance for this project? [ ] Yes [ ] No

Explain any "no" answer: \_\_\_\_\_

NOTE: WE WILL NOT AGREE TO ADD THE GENERAL CONTRACTOR TO THE POLICY AS AN ADDITIONAL INSURED.

**3. Is this home located in a coastal area? [ ] Yes [ ] No**

Is wind coverage being requested? [ ] Yes [ ] No If no, is home located in a windpool eligible area (applies to Georgia, North Carolina, Texas, Florida)? [ ] Yes [ ] No

Name of company providing wind policy: \_\_\_\_\_

Refer to the Important Notice section of this application.

Storm Shutters (all openings)? [ ] Yes [ ] No

If no, explain other protective measures: \_\_\_\_\_

Distance to water: \_\_\_\_\_ Elevation: \_\_\_\_\_ Flood zone: \_\_\_\_\_

Flood Insurance applicable? [ ] Yes [ ] No If yes, indicate limits: \_\_\_\_\_

**4. Is this home more than 1,000 feet from a fire hydrant or over 5 miles from the responding fire department?**

[ ] Yes [ ] No

If yes, please complete questions on the back of this application.

**5. Is the applicant interested in obtaining an earthquake insurance quotation from an Authorized Surplus**

Lines broker? [ ] Yes [ ] No

**Please review and sign reverse side of application**

**Complete the following if this home is over 1,000 feet from a hydrant or over 5 miles from the responding fire department:**

Responding Fire Department \_\_\_\_\_ Phone number & contact: \_\_\_\_\_  
Paid or volunteer? \_\_\_\_\_ Distance from home: \_\_\_\_\_ Response time: \_\_\_\_\_  
Number of responding fire fighters: \_\_\_\_\_ Number and capacity of pumpers & tankers: \_\_\_\_\_  
Mutual aid? \_\_\_\_\_ Automatic response? \_\_\_\_\_ Name of Fire Department (list additional departments below): \_\_\_\_\_  
Paid or volunteer? \_\_\_\_\_ Distance from home: \_\_\_\_\_ Response time: \_\_\_\_\_  
Number of responding fire fighters: \_\_\_\_\_ Number and capacity of pumpers & tankers: \_\_\_\_\_  
Any physical barriers (unpaved roads, locked gates, narrow bridges, etc.)? \_\_\_\_\_

Amount & source of on site water available and accessible by the Fire Department(s) year-round: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important Notice to Applicant:**

Under certain conditions, the company may add Special Policy Provisions to the policy that require you to ...

Maintain an alarm system approved by the company in working order, and advise the company of any change made to the system or if it is removed.

Clear brush and natural vegetation growth annually to a specified distance away from the dwelling or other structures on the residence premises.

Maintain storm shutters or other windstorm protection devices that have been installed, and when necessary, secure them or arrange for others to do so.

Coverage will not apply if the conditions of any Special Policy Provision that is added to the policy are not met and contribute to a loss.

When no wind coverage is requested, the policy won't cover any loss caused by, increased by, or in any way results from wind or hail.

**Applicant's Statement:**

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

**ACCEPTANCE OF COVERAGE AND TERMS IS DEPENDENT ON COMPANY APPROVAL**

Applicant's Signature:

Date:

Producer's Signature: