



Dwelling Fire Application

Applicant's Name, Address, City, State & Zip
(Please indicate C/O person if in Corporation, LLC, Estate or Trust name)

Agent Name

Home Phone: _____ Cell Phone: _____
Policy Period From: _____ to _____

Agent Code: _____
New Application Quote #: _____
Rewrite of Policy # _____
Adding Location to Policy # _____
Submitting for **QUOTE ONLY**

Date of Birth: _____ Social Security #: ____-____-____ Marital Status: _____
Occupation & Employer: _____ Yrs Employed: _____
Date of Birth: _____ Social Security #: ____-____-____ Marital Status: _____
Occupation & Employer: _____ Yrs Employed: _____
Previous Address (if less than 3 years): _____

COVERAGE AND RATING INFORMATION

Location of Risk, including County, if different from above:

Limits of Liability

Coverage A - Dwelling \$ _____ Premises Liability \$ _____ Each Occurrence
Coverage B - Related Structures **(FL-48A)** \$ _____ Medical Payments \$ _____ Each Person
Coverage C - Personal Property \$ _____ **Split Limits** \$ _____ Each Accident
Additional Coverage D - Loss of Use \$ _____

Causes of Loss Form: _____

of Families: _____

Deductible: _____

Occupancy: _____ **(If Builder's Risk, please complete the Builder's Risk section)**

Note: Unoccupied & Builder's Risk rates good for one year only

Year of Construction: _____ Construction: _____

Loss Settlement: _____ **(If Replacement Cost, attach square foot estimator)**

Miles from Fire Department: _____ Feet from Hydrant: _____

Responding Fire District: _____

COMPLETE IF MANUFACTURED HOME

Year: _____ Length: _____ Width: _____ Manufacturer: _____ Make: _____

Purchase Price: _____ Purchase Date: _____ New/Used? _____

Skirting Type: _____

If other, please explain: _____

Foundation Type: _____

If other, please explain: _____

LOSS HISTORY & PREVIOUS INSURANCE

1. Any previous losses, whether or not paid by insurance during the last 5 years, on this risk or **ANY** other previously owned residence of the insured? Yes No

If yes, please complete the following:

Date: _____ Type: _____

Description of Loss: _____ Amount: \$ _____

Date: _____ Type: _____

Description of Loss: _____ Amount: \$ _____

2. If loss has occurred, has damage been repaired? Yes No

3. Name Previous Insurance Company: _____ Policy Expiration Date: _____

4. Has any company cancelled, non-renewed or refused insurance (*including non-payment of premium*) for this applicant? Yes No

5. If yes, why? _____

MORTGAGEE / ADDITIONAL INSURED INFORMATION

(List Name, Address, City, State, Zip & Interest)

1. Mortgagee Additional Insured
Interest: _____

2. Mortgagee Additional Insured
Interest: _____

BILLING INFORMATION

Bill Policy to: **If other, please include name & address below:**

Insured Quoted Premium \$ _____

Mortgagee

Other Deposit Amount \$ _____

Transfer money from Policy # _____ Insured's Initials: _____

VACANT/RENOVATION SUPPLEMENT

How long has insured owned property? _____ years/months

How long has property been vacant? _____ years/months

Estimated duration of vacancy and/or renovations? _____

Plans for property after vacancy and/or renovations? _____

If other, please explain: _____

How was property acquired? _____

If other, please explain: _____

What was total acquisition cost \$ _____

What is the estimated market value of property \$ _____

Does Insured have clear title to describe property? Yes No

If no, describe:

SCOPE OF RENOVATIONS REQUIRED

MINOR COSMETIC

Describe the extent of all structural and utility work being undertaken.

MAJOR RENOVATIONS

Describe the extent of all structural and utility work being undertaken.

Roofing: _____

Plumbing: _____

Electrical: _____

Heating: _____

Interior Renovations:

Exterior Renovations:

SCOPE OF RENOVATIONS REQUIRED (CONTINUED)

Is there any previous fire or other structural unrepaired damages? Yes No

If yes, describe the extent of damages: _____

Work is being performed by: _____

Anticipated date of completion: _____

BUILDERS RISK SUPPLEMENT

Has construction already begun? Yes No

If yes, how far along is construction? _____

Completed value replacement cost (*attach cost estimator based upon building specifications*): \$ _____

Anticipated date of completion and occupancy: _____

Owner involvement in construction: _____

Note: If acting as General Contractor, no liability offered

ADDITIONAL INFORMATION

ENDORSEMENTS

FORM

FORM TITLE

FL - 10

INFLATION GUARD (4% per year included) *Mandatory unless risk is a manufactured home.*

HIGHER AMOUNT: _____%

FL - 46

PERSONAL INJURY

ML - 216

SMOKE DETECTOR CREDIT (*Only available on FULL TIME occupied risks.*)

FL - 48A

RELATED PRIVATE STRUCTURES (*not farm type structures*)

Description: _____ Limit \$ _____

FL - 3A

BARN COVERAGE

Used for: _____

Used for: _____

Cause of Loss: _____

Cause of Loss: _____

Limit \$ _____

Limit \$ _____

Deductible: _____

Deductible: _____

FL-50A

LIABILITY FOR NEW CONSTRUCTION (*Builder's Risk*)

DML-17

THEFT OF BUILDING MATERIALS

Limit \$ _____

AGENTS

Was prior approval given from underwriting for this risk? Yes No Details: _____

Has this property been visually inspected by agency staff? Yes No

Over all condition of risk: _____

Is insured new to your agency? Yes No

Does insured have any other policies with Dryden Mutual ? Yes No

If yes, please provide policy number: _____

REMARKS

AGENCY USE: ATTACHMENTS TO APPLICATION

Photos #: _____

Replacement Cost Square Foot Estimator

Dog Owner Questionnaire

For questions regarding this application, please contact Agency Service Representative:

Name: _____ Phone: _____ Ext: _____

Email Address: _____

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which the application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies for Insurance Coverage as set forth in the application and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his or her knowledge true.

INSURANCE FRAUD WARNING NOTICE

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Agent: _____ Date: _____ Applicant: _____



Credit Card Authorization Form

Please complete **ALL** of the following information for any new business application.

Visa Mastercard *These are the only cards accepted.*

Credit Card #:

Expiration Date: _____ mm/yy Amount: _____

Billing Information as listed on the Credit Card

First Name: _____ Last Name: _____ Middle Initial: _____

Business Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____

Authorization Signature: _____ Date: _____

New Business

Existing Policy

Policy #: _____

Named Insured: _____

Agency Name: _____

