



Landlord 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 \$ _____ Medical Payments \$ _____ Each Person
Coverage C - Personal Property \$ _____ **Split Limits** \$ _____ Each Accident
Coverage D - Loss of Use \$ _____

Causes of Loss Form: FL-1R (Fire & EC) FL-1R (Fire, EC & VMM) FL-2 (Broad) FL-3 (Special)

Owner Occupied (Y/N)? _____

of Families: _____

Deductible: \$100 \$250 \$500 \$1,000 \$2,000 \$2,500

Year of Construction: _____

Construction: Frame Masonry Fire Resistive

Loss Settlement: Actual Cash Value Replacement Cost *(If Replacement Cost, attach square foot estimator)*

Miles from Fire Department: _____ Feet from Hydrant: _____

Responding Fire District: _____

LOSS HISTORY & PREVIOUS INSURANCE

- 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 (Y/N)? _____
If yes, please complete the following:
Date: _____ Type: _____
Description of Loss: _____ Amount: \$ _____
Date: _____ Type: _____
Description of Loss: _____ Amount: \$ _____
- If loss has occurred, has damage been repaired (Y/N)? _____
- Name Previous Insurance Company: _____ Policy Expiration Date: _____
- Has any company cancelled, non-renewed or refused insurance (*including non-payment of premium*) for this applicant (Y/N)? _____
- If yes, why? _____

MORTGAGEE / ADDITIONAL INSURED INFORMATION

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

- Mortgagee Additional Insured
Interest: _____
- 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: _____

UNDERWRITING INFORMATION

GENERAL INFORMATION

Does this property have a local caretaker (Y/N)? _____

If yes, please provide name & number: _____

How long has applicant owned this risk? _____ years

If less than 3 years, provide: Purchase Price \$ _____, & Cost of Improvement \$ _____

If more than 3 years, provide: Market Value \$ _____, & Replacement Cost \$ _____

Is this property currently rented (Y/N)? _____

If no, advise anticipated date of occupancy _____. Is there a signed lease (Y/N)? _____

Are any tenants college students (*if yes, attach questionnaire*) (Y/N)? _____

Is this a seasonal rental property (Y/N)? _____

UNDERWRITING INFORMATION (CONTINUED)

GENERAL INFORMATION (CONTINUED)

Are there any other structures on premises considered to be related private structures (*garages, sheds, etc*) (Y/N)? _____

If yes, describe: _____

Are there any farm style buildings on premises (*farm barns, silo, etc.*) (Y/N)? _____

If yes, describe: _____

UTILITIES

Type of central heat system: Hot Air Furnace Fuel Type? _____ Hot Water Boiler Fuel Type? _____
 Electric Baseboard Other Yr Updated _____

Any of the following: Woodstoves (*Mandatory Interior Inspection*) Pellet Stoves Freestanding Space Heaters

Does dwelling contain circuit breakers at main service panel (Y/N)? _____ Yr Updated _____

Has roof been replaced in last 20 years (Y/N)? _____ Yr Updated _____

LIABILITY QUESTIONS

Any business conducted on premises (*in dwelling or or an outbuilding*) (Y/N)? _____

If yes, describe: _____

Is there a commercial policy for this exposure (Y/N)? _____

Any of the following: Swimming Pool Pond Other Water Frontage Exposure

If yes, make selections for better description: Above Ground Pool Inground Pool
 Diving Board Slide Fenced w/ Locking Gate

Any dogs owned by any residents of the property (*attach dog questionnaire*) (Y/N)? _____

Any other animals owned or kept on property (Y/N)? _____ If yes, explain: _____

Are all stairways equipped with handrails (Y/N)? _____

Is yard free of debris and unregistered motor vehicles (Y/N)? _____

If no, explain: _____

ENDORSEMENTS

<u>FORM #</u>	<u>FORM TITLE</u>	
<input type="checkbox"/> FL-10	INFLATION GUARD (4% per year included) <i>Mandatory</i>	HIGHER AMOUNT: _____%
<input type="checkbox"/> FL-46	PERSONAL INJURY ENDORSEMENT	
<input type="checkbox"/> ML - 216	SMOKE DETECTOR (2% per year) (<i>Only available on FULL TIME occupied risks.</i>)	
<input type="checkbox"/> FL - 3A	BARN COVERAGE	
	Used for: _____	Used for: _____
	Cause of Loss: <input type="checkbox"/> Fire Only <input type="checkbox"/> Fire & EC <input type="checkbox"/> Fire, EC & VMM	Cause of Loss: <input type="checkbox"/> Fire Only <input type="checkbox"/> Fire & EC <input type="checkbox"/> Fire, EC & VMM
	Limit \$ _____	Limit \$ _____
	Deductible: <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500	Deductible: <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500
<input type="checkbox"/> FL-12	EARTHQUAKE	

AGENTS

Was prior approval given from underwriting for this risk (Y/N)? _____ Details: _____

Has this property been visually inspected by agency staff (Y/N)? _____

Overall condition of risk: Fair Good Excellent

Is insured new to your agency (Y/N)? _____

Does insured have any other policies with Dryden Mutual (Y/N)? _____

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: _____

