

High Value Homeowners Application

Email completed application to submit@midman.com.

Requested Effective Date: _____

AGENCY INFORMATION

Agency Name: _____ Producer Number: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

APPLICANT INFORMATION							
Name		Occupation		Employer		Date of Birth	
Physical Address:				City:			
State:		Zip:		County:			
Mailing Address (only if different from above):						City:	
State:		Zip:		County:			
Inspection Contact:				Phone Number:			
Prior Carrier:		Exp. Date:		Exp. Premium:			
If prior carrier cancelled or non-renewed, please explain why below:							
If the insured has not carried insurance within the last 12 months explain why below:							
Within the last 5 years has the applicant had (check all that apply below):							
Foreclosure		Bankruptcy		Repossession		Lien	
Mortgagee (name and address):				Loan #:			
Mortgagee (name and address):				Loan #:			
Additional Insured (name and address):							
Describe interest:							
Grantor, Beneficiary or Trustee (for named insureds that are trusts, estates, etc.):							
COVERAGES/LIMITS							
Policy Form:	HO-3	HO-4	HO-6	DP-3	HO-8 or DPI		

Dwelling:	\$	Other Structures:	\$		
Personal Property:	\$	Loss of Use:	\$		
Liability:	\$	Medical Payments:	\$		
Loss Assessment:	\$	Ordinance or Law:	%		
AOP Deductible:	\$	Wind/Hail Deductible:	Yes No %		
Other Deductible:	\$	Named Storm Deductible:	Yes No %		
OTHER INFO					
Protection Class:		Distance to Fire Hydrant:	Miles to Fire Station:		
Fire Department:	Paid Volunteer	Roof Material:			
Occupancy:	Primary Secondary Rental Secondary Rental Vacant Unoccupied				
If dwelling is rented, what is the minimum number of days rented per tenant?					
Construction:	Frame/Stucco Masonry Masonry Veneer Superior EIFS Log				
Year Built:	Square Footage:	Number of Families:	Stories:		
If HO4/6, how many floors in building?		On which floor in building is unit?			
Protective Devices:	Central Fire Central Burglar Smoke Detectors Interior Sprinklers Deadbolt				
Community Security:	Gated Gated & Guarded Unsecured				
Windstorm Mitigation:	Hip Roof Roof Straps Protective Glass Metal Shutters Wood Shutters				
Age of Roof:	Roof Update:	Year Partial Full			
Was dwelling gutted and completely remodelled?		Yes No			
Does the dwelling include any live knob and tube wiring?		Yes No			
Does the dwelling include any fuses?		Yes No			
Does the dwelling include any lead piping as part of the plumbing system?		Yes No			
LOSS HISTORY					
Date	Loss Type	Description	Amount	Open or Closed	Unrepaired Damage: Y or N
ADDITIONAL UNDERWRITING INFORMATION					
Is the dwelling for sale?	Yes No	Is dwelling rented to students?	Yes No		
Is the dwelling undergoing any renovation or construction?			Yes No		
Is business conducted on premises?			Yes No		
Is the dwelling on the National Historic Register?			Yes No		
Is there a trampoline on premises?			Yes No		
Has flood insurance been purchased to the full value of the dwelling indicated above?			Yes No		
Is business conducted on premises? If yes, describe below:			Yes No		
Is there a woodstove on premises?	Yes No	If yes, is it the primary heat source?	Yes No		
<i>Animals owned by insured or tenant that occupies dwelling:</i>					

Type (dog, cat, etc.)	Breed		Bite History with Dates	
Is there a swimming pool?	Yes	No	If yes, is it fenced?	Yes No
In the last 5 years has the applicant, insured or any person with financial interest been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any crime in connection with the property to be insured or any other property?			Yes	No
For dwellings in California only, is there 150 feet of brush clearance around all structures?			Yes	No
For dwellings in California only, if wood shake roof, is there 1000 feet of brush clearance?			Yes	No
Is there fire retardant treatment?			Yes	No
SPECIAL COVERAGE INFORMATION				
Additional Premises Liability Extension	\$		Additional Residence Rented to Others	\$
Builders Risk	\$		Ordinance or Law Coverage	\$
Business Property at Home	\$		Business Property Away From Home	\$
Debris Removal	\$		Earthquake	\$
Equipment Breakdown	\$		Flood	\$
Fungus/Mold	\$		Loss Assessment	\$
Office/Private School/Studio on Prem.	\$		Other Structures (a)	\$
Plants/Shrubs/Trees	\$		Other Structures (b)	\$
Refrigerated Food Products	\$		Sink Hole Collapse	\$
Jewellery/Watches/Furs	\$		Water Backup of Sewers/Drains	\$
Watercraft Liability	\$		Golf Carts Liability	\$
Watercraft Physical Damage	\$		Golf Cars Physical Damage	\$
Identity Fraud	\$		Windstorm Exclusion	\$
Other:	\$		Other:	\$
Other:	\$		Other:	\$

OTHER COMMENTS/NOTES

DECLARATION

I declare that after proper inquiry the statements and particulars given in this applications are true and that I have not mis-stated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.

*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.

This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed:		Dated:	
Printed, full name of signatory:		Title:	

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