



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY **VANTAGE** BUSINESS SUPPORT SERVICES, INC.
 2200 Powell Street Ste. 530
 Emeryville, CA 94608-1809
 Ph. 510-595-0900 fax 510-595-0930

PHONE (A/C, No, Ext): _____

CODE: _____ SUBCODE: _____

AGENCY CUSTOMER ID _____

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

DATE AT CURR RES _____ HOME PHONE # _____

EFFECTIVE DATE _____ EXPIRATION DATE _____ BUSINESS PHONE # _____

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years) _____ YRS AT PREV ADDR _____ LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) _____

APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ DATE AGENT LAST INSPECTED PROPERTY: _____

COVERAGES/ LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	PREMIUM
\$	\$	\$	\$	\$	\$	\$	

DED (Type & Amount) _____ ALL PERIL _____

ENDORSEMENTS * Not Applicable in NC

REPLACEMENT COST DWELLING REPLACEMENT COST CONTENTS ENTER OTHER ENDORSEMENT(S) _____

PAYMENT PLAN | ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #: _____ MAIL POLICY TO: _____

BILLING: DIRECT BILL AGENCY BILL IF DIRECT BILL: BILL APPLICANT BILL MORTGAGEE IF APPLICANT BILL: FULL PAY AGENT APPLICANT

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	VINYL SIDING			\$	DWELLING	TOWNHOUSE	COC			
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	ROWHOUSE	COMP. DATE:			
FIRE RES				\$	CONDO	CO-OP	SEASONAL			

NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	WIRING
				FT	MI	SYSTEM SMOKE TEMP BURGLAR	PRIMARY: SECONDARY:	PLUMBING HEATING ROOFING EXTERIOR PAINT

DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED
		YES NO	YES NO	YES NO		YES NO	OPEN NONE	

DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES
WITHIN CITY LIMITS	OWNER UNOCC	FIRE EXT VISIBLE TO NEIGHBORS	INDOORS OUTDOORS	APPROVED FENCE DIVING BOARD SLIDE	
WITHIN FIRE DST	TENANT VACANT		ABOVE GROUND ON MASONRY FLOOR		
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR		

BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF
	YES NO		CLASS SPEC	YES NO		RESISTIVE	OTHER		

IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:	RATING CREDITS	MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)
BASEMENT SQ FT	GARAGE SQ FT	BREEZEWAY SQ FT	PARTIAL FULL	CHIMNEYS HEARTHES PRE-FAB WOOD STOVE INSERT

PRIOR COVERAGE

PRIOR CARRIER _____ PRIOR POLICY NUMBER _____ EXPIRATION DATE _____