




HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY  VANTAGE BUSINESS SUPPORT & INSURANCE SERVICES 2200 Powell Street, Suite 530 Emeryville, CA 94608-1809 Ph 510.595.0900 Fax 510.595.0930	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			NAIC CODE	FACILITY CODE
				POLICY #	
	DATE AT CURR RES	CO/PLAN	HOME PHONE #		DAY EVE
	CODE:	SUBCODE:	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #
AGENCY CUSTOMER ID					

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	MEDICAL PAYMENTS	PREMIUM	
	\$	\$	\$	\$	\$	\$	EST TOTAL PREMIUM	\$
							DEPOSIT	\$
							BALANCE	\$
DED (Type & Amount)	ALL PERIL		WIND/HAIL	THEFT		NAMED HURRICANE *		

ENDORSEMENTS

* Not Applicable in NC

<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	ENTER OTHER ENDORSEMENT(S):
--	--	-----------------------------

PAYMENT PLAN

ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:			MAIL POLICY TO:		
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	<input type="checkbox"/> AGENT		
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> APPLICANT		
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE				

RATING/UNDERWRITING

FRAME MASONRY MASONRY VENEER FIRE RES	MFG HOME VINYL SIDING ALUMINUM SIDING	YR BUILT # ROOMS MARKET VALUE \$	# APTS REPLACEMENT COST \$	STRUCTURE TYPE DWELLING TOWNHOUSE APART ROWHOUSE CONDO CO-OP	USAGE TYPE PRIMARY SECONDARY SEASONAL	FARM COC COMP. DATE:	# FAMILIES # HSEHLD RES	PURCHASE DATE/PRICE
NUMBER OF FIRE DIVS UNITS IN FIRE DIV	TERR CODE PREM GROUP	PROTECT CLASS DISTANCE TO HYDRANT FIRE STATION FT MI	PROTECTION DEVICE TYPE SYSTEM SMOKE TEMP BURGLAR	HEAT TYPE PRIMARY: SECONDARY:	NONE WIRING PLUMBING HEATING ROOFING EXTERIOR PAINT	RENOVATION TYPE PART COMP YEAR		
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER	DIRECT LOCAL	HOUSEKEEPING CONDITION					
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS YES NO	FUSES YES NO	KNOB & TUBE OR ALUMINUM WIRING YES NO	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS YES NO	FOUNDATION OPEN CLOSED NONE	
DWELLING LOCATION WITHIN CITY LIMITS WITHIN FIRE DIST WITHIN PROT SUBURB	OCCUPANCY OWNER TENANT UNOCC VACANT	DEADBOLT FIRE EXT VISIBLE TO NEIGHBORS	OIL STORAGE TANK LOCATION INDOORS OUTDOORS ABOVE GROUND ON MASONRY FLOOR ABOVE GROUND NOT ON MASONRY FLOOR BELOW GROUND	SWIMMING POOL APPROVED FENCE DIVING BOARD SLIDE YES NO	WINDSTORM LOSS MITIGATION FEATURES			
BLDG CODE GRADE INSPECTED? YES NO	TAX CODE RATING CLASS SPEC	OCCUPIED DAILY? YES NO	# WKS RENTED WIND CLASS RESISTIVE	SEMI-RESISTIVE OTHER	ROOF MATERIAL	CONDITION OF ROOF		
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:			RATING CREDITS NON-SMOKER LIGHTNING PROTECTION	MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER PARTIAL FULL	FIREPLACES (Enter Number) CHIMNEYS HEARTHES PRE-FAB WOOD STOVE INSERT		

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
---------------	---------------------	-----------------

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			14. DURING THE LAST FIVE (5) YEARS (TEN (10) YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)		
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)					
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?					
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				16. IS THERE A SECURITY ATTENDANT?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)				17. IS THE BUILDING ENTRANCE LOCKED?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet				20. IS HOUSE FOR SALE?	
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				22. IS THERE A TRAMPOLINE ON THE PREMISES?	
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	
				24. ANY LEAD PAINT HAZARD?	
				25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)	
				26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?	

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? YES NO IF YES, INDICATE BELOW

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

ADDITIONAL INTEREST

INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS	PHOTOGRAPH	RECREATIONAL VEHICLE APP
STATE SUPPLEMENT(S) (If applicable)	SOLID FUEL SUPPLEMENT	WATERCRAFT APPLICATION
INLAND MARINE APPLICATION	PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION
REPLACEMENT COST ESTIMATE	PERS EXCESS/UMBRELLA APP	HOME BASED BUSINESS SUPP

BINDER/SIGNATURE

INSURANCE BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
EXPIRATION DATE	
TIME	
COVERAGE IS NOT BOUND	

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION 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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER