

HOMEOWNER'S APPLICATION

For office Use Only	Underwriter: <input type="checkbox"/> Nemwil <input type="checkbox"/> Caribbean Alliance <input type="checkbox"/> Lloyd's <input type="checkbox"/> Lemma <input type="checkbox"/> Real Legacy <input type="checkbox"/> Gulf	Policy No. _____	Premium _____
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Applicant Contact And Address Information

How would you prefer to receive your policy documents? <input type="checkbox"/> Posted <input type="checkbox"/> Emailed (please provide your email address)	Telephone Email (please provide your email address) Tel: (____) _____ Cell: (____) _____ Fax: (____) _____ Email: _____
Contact Name (Required) <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Rev	Mailing Address _____ _____
Applicant Name (Please indicate <input type="checkbox"/> Corporation or <input type="checkbox"/> Individual)	

Mortgagee Information

Is the property financed? <input type="checkbox"/> No <input type="checkbox"/> Yes (Bank Name Address Required)	Bank's Name _____	Address _____
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Property Information (Rating)

Zone Location <input type="checkbox"/> Coastal <input type="checkbox"/> Non Coastal Contents Only? <input type="checkbox"/> No <input type="checkbox"/> Yes (please choose a contents deductible below)	Block No (if part of your total insurance package includes a "Private" dwelling, a Block No Parcel No is a mandatory requirement) Block No. _____ Parcel No(s) _____ Registration Section _____	Dwelling <input type="checkbox"/> Private <input type="checkbox"/> Apartments <input type="checkbox"/> Condominium Swimming Pool <input type="checkbox"/> No <input type="checkbox"/> Yes No. of Building on the property _____ No. of Stories _____	
Building Structure <input type="checkbox"/> Masonry <input type="checkbox"/> Fire Resistant <small>(Entire building is concrete)</small>	Roof Structure/Material <input type="checkbox"/> Wood/Galvanized <input type="checkbox"/> Concrete	Cistern <input type="checkbox"/> No <input type="checkbox"/> Yes	Other (please describe) _____
Insured Value Est. Building Cost _____ Est. Contents Cost _____	Are Hurricane clips attached to the roof? <input type="checkbox"/> No <input type="checkbox"/> Yes	Year Built _____	Property Address _____

Deductible

Personal Liability Limits

Note: Deductible for Windstorm Earthquake (and flood following either of these perils) is 2% of total sum insured.

Contents <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$1000	Home <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Liability <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
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Explain all "Yes" responses in the Remarks Section: 1. Any business conducted on premises? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 2. Any fire/burglary device? (e.g. Dogs, Security cameras, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 3. Are premises rented? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 4. Any Insurance declined, cancelled or non-renewed? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 5. Any other Insurance with Company? (list Policy type No) <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Remarks _____ _____ _____ _____ _____
Applicant Signature (or representative of company) _____	Date _____