



P.O. Box 9109, Charlotte Amalie
St. Thomas, VI 00801
Tel. (340) 776-8050
Fax (340) 774-8830

DWELLING FIRE APPLICATION

Renewal? ☐ Yes ☐ No

Date

Current Policy No.

Agency Name & Address

Insured

Address

H. Phone

Bus. Phone

Cel. Phone

Effective Date

Expiration Date

APPLICANT INFORMATION

Location of Property (If different from above)

Previous Address (If less than 3 years)

Applicant's Occupation (State nature of Business if Self-employed)

Mar Stat

SSN

- -

Applicant's Employer Name & Address

Co-Applicant's Occupation (State nature of Business if Self-employed)

Mar Stat

SSN

- -

Co-Applicant's Employer Name & Address

COVERAGES / LIMITS OF LIABILITY

Dwelling \$ Other Structures \$ Personal Property \$

Personal Liability \$ Medical Payments \$ TOTAL ANNUAL PREMIUM \$

DEDUCTIBLES \$2,500 or % of the sum insured, whichever is greater for the peril of windstorm.

% of the sum insured for the peril of earthquake. \$1,000 for all other perils.

RATING / UNDERWRITING

Construction of Dwelling ☐ Frame ☐ Brick, Stone, Masonry ☐ Brick, Stone, Masonry Veneer ☐ Mixed ☐ Other

Roof of Dwelling ☐ Fire Resistive ☐ Approved ☐ Unapproved Const. of Other Structure

Structure Type ☐ Dwelling ☐ Apartment ☐ Condo

Usage Type ☐ Primary ☐ Secondary ☐ Seasonal

Purchase Date Purchase Price \$

Pool ☐ Yes ☐ No Fenced? ☐ Yes ☐ No

Year Built Sq. Ft. No. of Rooms No. of Apts.

No. of Fire Extinguishers Occupancy ☐ Owner ☐ Tenant ☐ Lessee

Replacement Cost \$ No. of Families Animals

Renovation Type	Part	Comp	Year
Electrical Repair			
Plumbing			
Roofing			

PRIOR COVERAGE

Prior Carrier Prior Policy Number Expiration Date

LOSS HISTORY

Description of Loss

Date

Type

Amount \$

ADDITIONAL INTEREST / MORTGAGE

Name and Address Loan #

Name and Address Loan #

READ BEFORE SIGNING

The information given in this application for insurance is the basis upon which the company will issue the policy, and will be an integral part of the policy as a warranty to the extent that if any of the questions are answered fraudulantly, or in such a way as to conceal or misrepresent any material fact or the subject thereof, the entire policy shall be void in all its parts.

Date

Signature of Applicant

Date

Signature of Producer