

Date

Signature of Applicant

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

## **DWELLING FIRE APPLICATION**

Renewal? ☐ Yes ☐ No

Address	Current Polic	y No.	
Insured Address H. Phone			
Address H. Phone Bus. Phone Cel. Phone Effective 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)  Applicant's Cocupation (State nature of Business if Self-employed)  Applicant's Employer Name & Address  Co-Applicant's Employer Name & Address  DOUGHARSE / LUMITS 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 / UNDERWINTING  Construction of Dwelling   Fire Resistive   Approved   Unapproved   Brick, Stone, Masonry Veneer   Mixed   Other    Broof 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.    Breplacement Cost \$   No. of Families   Animals    PRIOR COVERAGE    PRIOR COVERAGE    PRIOR COVERAGE    PRIOR COVERAGE    Prior Carrier   Prior Policy Number   Explication    Ame and Address   Loan #    Name and Address   Loan #    Name and Address   Loan #			
H. Phone			
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)  Applicant's Employer Name & Address  Co-Applicant's Employer Name & Address  Co-Applicant's Employer Name & Address  Co-Applicant's Employer Name & Address  Coverages / Immits 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    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.    Renovation Type   Replacement Cost \$   No. of Families   Animals    Prior Carrier   Prior Policy Number   Expinatory    Description of Loss   Date   Type    Amc Address   Loan #    Name and Address   Loan #    Name and Address   Loan #	Evniro:	tion Data	
Location of Property (if different from above)  Previous Address (if less than 3 years)  Applicant's Occupation (State nature of Business if Self-employed)  Applicant's Employer Name & Address  Co-Applicant's Employer Name & Address  Co-Applicant's Employer Name & Address  Co-Applicant's Employer Name & Address  Coverances / Lumits of Luability  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 / Underwaiting  Construction of Dwelling   Frame   Brick, Stone, Masonry   Brick, Stone, Masonry Veneer   Mixed   Other  Roof of Dwelling   Fire Resistive   Approved   Unapproved   Usage Type   Primary   Secondary   Seasonal    Purchase Date   Purchase Price \$ Pool   Yes   No   Fenced?   Yes   No    Year Built	Expirat	.ion Date _	
Applicant's Occupation (State nature of Business if Self-employed)			
Applicant's Employer Name & Address			
Co-Applicant's Cocupation (State nature of Business if Self-employed)	SSN		
CO-Applicant's Employer Name & Address			
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	_ SSN		
COVERAGES / LIMITS OF LIABILITY Dwelling \$Other Structures \$Personal Property \$			
RATING / UNDERWRITING  Construction of Dwelling			
DEDUCTIBLES \$2,500 or			
RATING / UNDERWRITING  Construction of Dwelling			
Construction of Dwelling			
No. of Fire Extinguishers Occupancy Owner Tenant Lessee Plumbing Roofing  Replacement Cost \$ No. of Families Animals  PRIOR COVERAGE  Prior Carrier Prior Policy Number Expirate Types Amount Address Loan #	 Type Par	t Comp	Year
Replacement Cost \$ No. of Families Animals Roofing  PRIOR COVERAGE  Prior Carrier Prior Policy Number Expirately Prior Policy Number	pair		<u> </u>
Prior Carrier Prior Policy Number Expir  LOSS HISTORY Description of Loss Type Amo  ADDITIONAL INTEREST / MORTGAGE  Name and Address Loan #  Name and Address Loan #			
Date Type Amo  ADDITIONAL INTEREST / MORTGAGE  Name and Address  Loan #  Name and Address  Loan #			
Date Type Amo ADDITIONAL INTEREST / MORTGAGE  Name and Address Loan #  Loan #	expiration D	ate	
Description of Loss Type Amo  ADDITIONAL INTEREST / MORTGAGE  Name and Address Loan #  Name and Address Loan #	Date		
Name and Address Loan #  Name and Address Loan #	ype		
Name and Address Loan #  Name and Address Loan #	Amount \$		
Name and Address Loan #			
Name and Address Loan #			
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 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 subj shall be void in all its parts.			

Date

Signature of Producer