



P.O. Box 9109, Charlotte Amalie  
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Tel. (340) 776-8050  
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## HOMEOWNER 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

HO Form \_\_\_\_\_ Dwelling \$ \_\_\_\_\_ Other Structures \$ \_\_\_\_\_ Personal Property \$ \_\_\_\_\_ Loss of Use \$ \_\_\_\_\_

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 Resistant ☐ 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 \_\_\_\_\_