

HOMEOWNERS INSURANCE APPLICATION



Underwritten by **CLEAR BLUE INSURANCE COMPANY**

Company Name: Clear Blue Insurance Company

Producer Name: Swyft, LLC

APPLICATION INFORMATION

Effective Date: Policy Number:
Expiration Date: Date:

AGENCY INFORMATION

Agency Name: Agent Number:

Address:

Phone:

Email Address:

SAMPLE

APPLICANT INFORMATION

Applicant Name: Co-Applicant Name: <Print N/A if blank>

Mailing Address: Mailing Address:

Primary Phone: Primary Phone:

Email Address: Email Address:

PROPERTY ADDRESS

Address:

RATING INFORMATION

Building Code Effectiveness Grade
Stories
Construction
Secured Community
Water Protective Devices

Occupancy Type
Year Built
Roof Type
Hurricane Wind-Rated Roof Covering
Roof Deck Attachment

Number of Prior Claims
 Square Footage
 Burglar Alarm
 Sprinkler System
 Fire Alarm
 Garage Type

Roof Anchorage
 Roof Geometry
 Secondary Water Resistance
 Opening Protection
 Roof Age

COVERAGE LIMITS AND PREMIUMS

Section I – Coverages

Limit

Premium

- A. Dwelling
- B. Other Structures
- C. Personal Property
- D. Loss Of Use

Section II – Coverages

- E. Personal Liability
- F. Medical Payments To Others

Optional Coverages

- <Name>
- <Name>
- <Name>
- <Name>

SAMPLE

EMPA Trust Fund Annual Surcharge
 <MGA Fee>

Total Annual Premium and Fees

DEDUCTIBLE

Hurricane Deductible:

All Other Perils Deductible:

Sinkhole Loss Deductible:

UNDERWRITING INFORMATION

1	Is this dwelling vacant or unoccupied (dwelling is not being inhabited as a residence) for at least 30 days or for sale or under construction or bank owned or in foreclosure?	<Yes/No>
2	Does this dwelling have a pool with no protective fencing?	<Yes/No>
3	Is the dwelling a condominium, barndominium, mobile home, motor home, houseboat, house trailer, or trailer home?	<Yes/No>
4	Is there any mobile home, trailer home, house trailer, barndominium or manufactured home	<Yes/No>

	(not including modular homes) as any structure on the insured premises?	
5	Is this a self-constructed home or a home built in whole by someone other than a licensed contractor?	<Yes/No>
6	Does the dwelling, including roofs or other structures have any unrepaired damage?	<Yes/No>
7	Does the dwelling, outbuildings or other structures have any large limbs overhanging?	<Yes/No>
8	Does the dwelling, outbuildings or other structures, or property have the absence of stair railings on stairways with 3 steps or more?	<Yes/No>
9	Is this dwelling constructed with Asbestos siding or Exterior Insulation and Finish System (EIFS) or synthetic stucco?	<Yes/No>
10	To the best of your knowledge, has any (prior or current) Sinkhole activity occurred on the premises whether or not it resulted in a loss to the dwelling?	<Yes/No>
11	Does the dwelling have less than 800 square feet of living area?	<Yes/No>
12	Have you had more than one (1) loss that resulted from other than an 'Act of God' event in the past three (3) years at this or any other location? An 'Act of God' is an event, such as hurricane, hailstorms, earthquake, etc., that occurs from natural causes without any human intervention and that no reasonable amount of care could have predicted or prevented it from occurring.	<Yes/No>
13	Is the dwelling used for the purpose of any type of renting or home sharing or bed and breakfast programs, such as Airbnb, Flipkey, or HomeAway, where homes are rented for days, weeks, or months?	<Yes/No>
14	Do you have more than two mortgages on this dwelling?	<Yes/No>
15	Is the dwelling designated as a historical home or listed on a historical registry?	<Yes/No>
16	Are there any open claims?	<Yes/No>

APPLICANT'S DISCLOSURE ABOUT COMMERCIAL USE OF RESIDENCE PREMISES

I hereby declare that I do not conduct any business in the "residence premises" other than using it as a home office where no employees or clients come to the "residence premises" related to the business, or other than incidental business as afforded and described in the policy.

Applicant Initials:

Co-Applicant Initials:

ANIMAL LIABILITY EXCLUDED

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any of the following prohibited animals I own or keep, including temporary supervision, by you or any insured, resident or tenant of the household, or guest of the preceding persons whether or not the injury or damage occurs on the "residence premises" or elsewhere. This means that the company will not pay for any amounts I may become liable for resulting from alleged injury or damage caused by any of the following prohibited animals I own or keep, including temporary supervision, by you or any

insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere.

Prohibited animals are:

- a. Any of the following type of dog:
 - 1. Pit Bulls;
 - 2. Doberman Pinschers;
 - 3. Rottweilers;
 - 4. Chows; or
 - 5. Presa Canarios;
- b. Wolves;
- c. Dogs that have been trained to attack persons, property or other animals;
- d. Dogs that have been trained to guard persons or property;
- e. Any dog used in any manner, as a fighting dog or bred specifically for fighting;
- f. Any dog with a prior history of biting or attacking persons, property or other animals as established through insurance claims records, or through the records of local public safety, law enforcement or other similar regulatory agency;
- g. Any dog that has not had inoculations as required by law.

Applicant Initials:

Co-Applicant Initials:

APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information I presented on this application. I agree that such policy may be null and void if such information is materially false or materially misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant Signature:

Date:

Co-Applicant Signature:

Date:

AGENT'S SIGNATURE

A copy of the application has been furnished to the applicant or insured and coverage is bound effective:

Effective Date:

Time:

Agent Signature:

License Number:

Agent Printed Name: