

HOMEOWNERS INSURANCE APPLICATION



Underwritten by **CLEAR BLUE INSURANCE COMPANY**

Company Name: Clear Blue Insurance Company

Producer Name: Swyfft, 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

<Insured Name>

<Policy Number>

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

<Premium Surcharge / Assessment>
 <MGA Fee>

Total Annual Premium and Fees

DEDUCTIBLE

Wind/Hail Deductible:
 All Other Perils Deductible:

UNDERWRITING INFORMATION

1	Is this dwelling vacant or under construction?	<Yes/No>
2	Is this dwelling built on landfills including landfills previously used for refuse?	<Yes/No>
3	Is this dwelling constructed or located over water?	<Yes/No>
4	Does this dwelling have inground pools with no protective fencing?	<Yes/No>
5	Is the dwelling a mobile home, motor home, house boat, house trailer, or trailer home?	<Yes/No>
6	Is there any mobile home, trailer home, house trailer, or manufactured home as any structure on the insured premises?	<Yes/No>
7	Is this a self-constructed home or a home built in whole by someone other than a licensed	<Yes/No>

	contractor?	
8	Does the dwelling or other structures have any unrepaired damage?	<Yes/No>
9	Does the dwelling, outbuildings or other structures have any large limbs overhanging?	<Yes/No>
10	Does the dwelling, outbuildings or other structures, or property have the absence of stair railings on stairways with 3 steps or more?	<Yes/No>
11	Does Enhanced Insulation and Finishing Systems (EIFS) or synthetic stucco cover the exterior wall?	<Yes/No>
12	Is this dwelling constructed with Asbestos siding?	<Yes/No>
13	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>
14	Does the dwelling have less than 800 square feet of living area?	<Yes/No>
15	To the best of your knowledge, has the dwelling had more than four (4) non-catastrophe loss in the past three (3) years?	<Yes/No>
16	Have you had more than four (4) non-catastrophe loss in the past three (3) years at this or any other location?	<Yes/No>

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 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 INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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: