

**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

Total Annual Premium

**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 one (1) chargeable non-catastrophe loss in the past three (3) years?	<Yes/No>
16	Have you had more than one (1) chargeable 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 KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.**

**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:**