<Insured Name> <Policy Number>

HOMEOWNERS INSURANCE APPLICATION



Underwritten by CLEAR BLUE INSURANCE COMPANY

Company Name: Clear Blue Insurance Company

Producer Name: Swyfft, LLC

ADDI	ICAT	ION	INEO	DMA	TION
AFFL			IINEU		

Effective Date: Policy Number:

Expiration Date: Date:

AGENCY INFORMATION

Agency Name: Agent Number:

Address:

Phone: Email Address:

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 Occupancy Type

Stories Year Built
Construction Roof Type

Secured Community Hurricane Wind-Rated Roof Covering

Water Protective Devices Roof Deck Attachment

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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 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>

<Pre><Pre>remium 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 unoccupied or for sale or under construction or bank owned or in | <yes no=""></yes> |
|---|--|-------------------|
| | foreclosure? | |
| 2 | Does this dwelling have a pool with no protective fencing? | <yes no=""></yes> |
| 3 | Is the dwelling a condominium, barndominium, mobile home, motor home, houseboat, house trailer, or trailer home? | <yes no=""></yes> |
| 4 | Is there any mobile home, trailer home, house trailer, barndomium or manufactured home as any structure on the insured premises? | <yes no=""></yes> |
| 5 | Is this a self-constructed home or a home built in whole by someone other than a licensed | <yes no=""></yes> |

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Limit

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| | contractor? | |
|----|---|-------------------|
| 6 | Does the dwelling, including roofs or other structures have any unrepaired damage? | <yes no=""></yes> |
| 7 | Does the dwelling, outbuildings or other structures have any large limbs overhanging? | <yes no=""></yes> |
| 8 | Does the dwelling, outbuildings or other structures, or property have the absence of stair | <yes no=""></yes> |
| | railings on stairways with 3 steps or more? | |
| 9 | ls this dwelling constructed with Asbestos siding or Exterior Insulation and Finish System | <yes no=""></yes> |
| | (EIFS) or synthetic stucco? | |
| 10 | To the best of your knowledge, has any (prior or current) Sinkhole activity occurred on the | <yes no=""></yes> |
| | premises whether or not it resulted in a loss to the dwelling? | |
| 11 | Does the dwelling have less than 800 square feet of living area? | <yes no=""></yes> |
| 12 | Have you had more than four (4) non-catastrophe loss in the past three (3) years at this or | <yes no=""></yes> |
| | any other location? | |
| 13 | ls the dwelling used for the purpose of any type of renting or home sharing or bed and | <yes no=""></yes> |
| | breakfast programs, such as Airbnb, Flipkey, or HomeAway, where homes are rented for | |
| | days, weeks, or months? | |
| 14 | Do you have more than two mortgages on this dwelling? | <yes no=""></yes> |
| 15 | ls the dwelling designated as a historical home or listed on a historical registry? | <yes no=""></yes> |
| 16 | Are there any open claims? | <yes no=""></yes> |

SAMPLE

APPLICANT'S DISCLOSURE ABOUT COMMERCIAL USE OF RESIDENCE PREMISES

I hereby declare that the 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.

Applicant Initials: Co-Applicant Initials:

DISCLOSURE: ANIMAL LIABILITY EXCLUDED FOR VICIOUS DOGS

I understand that the insurance policy for which I am applying excludes all "bodily injury" or "property damage" for which an insured is legally liable that arises out of or is caused, in whole or in part, by any of the following:

- 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;

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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.

Agent Printed Name:

| Applicant Initials: | Co-Applicant Initials: |
|--|---|
| | |
| APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE | |
| By signature on this document, I apply to the company for a policy of statements and information presented on this application. I agree that such information is materially false or materially misleading in any way charged or eligibility of the risk based on company underwriting guidelines. | ch policy may be null and void if |
| FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY PRESENTS A FINAL CLAIM FOR PAYMENT OR SUBMITS FALSE OR MISLEADING INFORMATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT CONFINEMENT IN A STATE PRISON AS PROVIDED IN SECTION 35.02 CODE. | ATION ON AN APPLICATION
T TO FINES AND |
| 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: |

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