



P. O. Drawer 1375
Clinton, MS 39060
Phone: (601) 924-9311
Fax: (601)924-0549

Agent Name/Agency:			Type Of Quote			
			DP1			HO8
Insured's Name:	Insured's SSN:	DOB:	DP2			HO8 w/ water
			Seasonal			HO3
Insured's Mailing Address:			Vacant			Builders Risk
Mortgagee Name		Mortgagee Address		Loan #		
Risk Location Address:			City		County & Zip Code	
# of Stories	Construction	Year Built	Roof (Age & Composition)			
Sq. Foot	Market Value	Occupancy	Protection Class			
Amount of Coverage:			Underwriting Comments:			
A: Dwelling						
B: Other Structures						
C: Personal Property						
Loss of Use:						
Premises Liability:						

Underwriting Questions:	
<p>1. Is risk occupied by more than 1 family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is business conducted in risk (if yes, cannot provide quote.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is risk located on more than 10 acres of land? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Is there a body of water (i.e. lake, pond, creek) on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Is there a wood burning stove (is yes, cannot provide a quote.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Has risk been cancelled, non-renewed, or declined by another company? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Has insured filed bankruptcy in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Any previous fire losses? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Any previous losses in the last 5 years? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>10. Have there been any updates to heating & electrical? List Year: <input type="checkbox"/> Yes <input type="checkbox"/> No Heating _____ Electrical _____</p> <p>11. Does risk have central heat & air? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is used for heat source? _____</p> <p>12. Is insured gainfully employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. How long with current employer? _____</p> <p>14. Please advise how long you have know the applicant _____ Years _____ Months</p> <p>15. Prior Insurance (Type of policy form and dates) _____</p> <p>16. Is this a new purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the purchase price? _____</p> <p>17. Is property managed by a management company or someone other than the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who? _____</p>

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN, AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

APPLICANT'S SIGATURE: _____

AGENT: _____