

GUARDIAN
INSURANCE COMPANY

A MEMBER OF THE LOCKHART GROUP OF COMPANIES



P.O. Box 9109, Charlotte Amalie
St. Thomas, VI 00801
Tel. (340) 776-8050
Fax (340) 774-8830

DWELLING FIRE APPLICATION

Renewal? Yes No

Date _____

Current Policy No. _____

Agency Name & Address _____

Insured _____

Address _____

H. Phone _____ Bus. Phone _____ Cel. Phone _____ Effective Date _____ Expiration Date _____

APPLICANT INFORMATION

Location of Property (if different from above) _____

Previous Address (if less than 3 years) _____

Applicant's Occupation (State nature of Business if Self-employed) _____ Mar Stat _____ SSN _____ - _____ - _____

Applicant's Employer Name & Address _____

Co-Applicant's Occupation (State nature of Business if Self-employed) _____ Mar Stat _____ SSN _____ - _____ - _____

Co-Applicant's Employer Name & Address _____

COVERAGES / LIMITS OF LIABILITY

Dwelling \$ _____ Other Structures \$ _____ Personal Property \$ _____

Personal Liability \$ _____ Medical Payments \$ _____ **TOTAL ANNUAL PREMIUM \$** _____

DEDUCTIBLES \$2,500 or _____% of the sum insured, whichever is greater for the peril of windstorm.

_____ % of the sum insured for the peril of earthquake. \$1,000 for all other perils.

RATING / UNDERWRITING

Construction of Dwelling Frame Brick, Stone, Masonry Brick, Stone, Masonry Veneer Mixed Other _____

Roof of Dwelling Fire Resistive Approved Unapproved **Const. of Other Structure** _____

Structure Type Dwelling Apartment Condo **Usage Type** Primary Secondary Seasonal

Purchase Date _____ **Purchase Price \$** _____ **Pool** Yes No **Fenced?** Yes No

Year Built _____ **Sq. Ft.** _____ **No. of Rooms** _____ **No. of Apts.** _____

No. of Fire Extinguishers _____ **Occupancy** Owner Tenant Lessee

Replacement Cost \$ _____ **No. of Families** _____ **Animals** _____

Renovation Type	Part	Comp	Year
Electrical Repair	_____	_____	_____
Plumbing	_____	_____	_____
Roofing	_____	_____	_____

PRIOR COVERAGE

Prior Carrier _____ Prior Policy Number _____ Expiration Date _____

LOSS HISTORY

Description of Loss _____ Date _____
Type _____
Amount \$ _____

ADDITIONAL INTEREST / MORTGAGE

Name and Address _____ Loan # _____

Name and Address _____ Loan # _____

READ BEFORE SIGNING

The information given in this application for insurance is the basis upon which the company will issue the policy, and will be an integral part of the policy as a warranty to the extent that if any of the questions are answered fraudulantly, or in such a way as to conceal or misrepresent any material fact or the subject thereof, the entire policy shall be void in all its parts.

Date Signature of Applicant

Date Signature of Producer