



P.O. Box 9109, Charlotte Amalie  
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 Tel. (340) 776-8050  
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# HOMEOWNER 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**

**HO Form** \_\_\_\_\_ Dwelling \$ \_\_\_\_\_ Other Structures \$ \_\_\_\_\_ Personal Property \$ \_\_\_\_\_ Loss of Use \$ \_\_\_\_\_

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