



P.O. Box 9109, Charlotte Amalie
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Supplemental Application HOMEOWNER / DWELLING FIRE

Previous Policy No. _____ Current Policy No. _____

Insured _____ Insured is Owner Tenant Lessee

Physical Location _____

Other occupants in building? Yes No If yes, please describe _____

Dwelling is rented to others? Yes No If yes, please explain _____

Type of Building: Single Family 2 – 4 Family Condominium Year built _____ Date purchased _____ (if applicable)

Date of major alterations or improvements _____ Nature of improvements _____

Did alterations & improvements include windstorm damage protection? Yes No

If yes, please explain: _____

Roof Structure

- Reinforced concrete Exposed Beam
- Wood Rafter (open system for corrugated metal)
- Wood Trusses Steel Rafters
- Steel joists with steel decking

Roof Cover

- Aluminum or corrugated metal
- Painted Standing seam Enamel
- Finish Clay Tile Plastic Tile
- Membrane Coating Shingle
- Other _____

Intervals Between Fastenings N/A

- Less than 8" More than 8"
- More than 8" please specify distance between fastenings: _____

Roof Structure Anchor Systems

- Hurricane clips (secured to bond beam)
- Re-bar from slab through rafter end
- None
- Other _____

Exterior Walls

- Reinforced Concrete
- Reinforced Concrete Block
- Brick or Stone Wood Stud
- Other _____

Roof Cover Fastenings N/A

- Nails Screws Nails & Screws
- Staples Other _____

Laths or Purlins N/A

- Less than 24" apart
- More than 24" apart
- Specify distance apart: _____
- Nailed or screwed to each rafter.

Roof Overhang

- None 2' 2'-4' Over 4'
- If over 4' specify exact measurement of overhang: _____

Exterior Opening Protection

- Hurricane Shutters Yes No Partial Fully
- Type: Roof type steel Hinged Wood (permanent)
- Steel Panels (portable) Anchor bolts to receive plywood
- Other _____
- Iron Grill Work Yes No Aluminum "Miami" louvers Yes No
- If none of the above, please explain how exterior openings will be protected in the event of a hurricane:

Miscellaneous

- Electrical: Rewired? Yes No - If yes, date: _____
- Distance to fire department: _____ Miles
- Fire extinguishers? Yes No Number _____
- Properly tagged & serviced? Yes No
- Smoke detectors? Yes No Number _____
- Burglar Alarm System? Yes No
- Area of building: _____ sq.ft.
- Area of porches/decks: _____ sq.ft.

Applicant's signature _____ Date _____