



HOME OWNERS APPLICATION

Applicant's Name: _____
Mailing Address: _____
Phone Number: _____

Agent Name: _____
Address: _____
Agency Code: _____

PROPOSED EFFECTIVE DATES: From _____ To _____

General Information:

12:01 A.M., Standard Time at the address of the Applicant

Type of Submission: New Business Renewal Rewrite Previous Policy No.: _____
Requested Coverages: HO-3 HO-4 HO-6 HO-8

Occupancy: Owner/Principal Residence Owner Seasonal/Secondary Residence No. of months occupied: _____

Deductible Amount: All Perils _____ Wind and Hail: \$ _____ / _____ %
Wind Excluded..... Yes No
If yes, explain: _____

Location Address: Same as mailing address
Address: _____
City: _____ State: Zip Code: _____
County: _____

Coverage Information:

Year built: _____
Square footage: _____
Number of families: _____
Number of stories: _____
Type of roof: _____
Protection class: _____

Construction:
 Frame
 Masonry
 EIFS/Stucco
 Log
(hand hewn milled)
 Other: _____

Wood stove? Yes No
Wood stove primary
source of heat? Yes No
Was the wood
stove professionally
installed?..... Yes No



ROYAL OAK UNDERWRITERS, INC.
Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

Coverage Limit Information

| Property Coverage | Limits | Liability Coverage | Limits |
|-------------------|--------|--|------------------|
| Dwelling | \$ | <input type="checkbox"/> Personal Liability <input type="checkbox"/> Premises Liability | \$ |
| Other structures | \$ | Home day care (No. of children _____ [5 max]) | \$ |
| Personal property | \$ | Medical payments | \$ Per person |
| Loss of use | \$ | | |

Additional Interests—Mortgagee/Loss Payees

Interest No. 1:

Name: _____
Address: _____
Loan No.: _____
Type of Interest: _____

Interest No. 2:

Name: _____
Address: _____
Loan No.: _____
Type of Interest: _____

Additional Requested Coverages (check box if applicable):

ERC (Extended Replacement Cost) Water backup Limit: _____ Identity Fraud

Miscellaneous Information (check box if applicable):

Fire alarm Central Local
 Burglar alarm Central Local

Distance to coastal waters:

Feet: _____ Miles: _____

Previous Insurance Carrier and Loss History Information:

Previous/current carrier: _____
Policy number: _____ Expiration date: _____
If no previous carrier, give reason(s) : _____

Has any company canceled or refused coverage to the applicant? Yes No

If yes, give reason(s): _____



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Miscellaneous Information cont'd

Any losses at this location or any other location owned/rented within the last three years?..... Yes No

If yes, please provide the information requested below:

| Date of Loss | Claim Type—Description of Loss | Amount Paid | Amount Reserved | Open/ Closed |
|--------------|--------------------------------|-------------|-----------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Additional Information:

Bankruptcy or foreclosure proceedings filed? Yes No

Reason: _____

Open Closed Date closed: _____

Swimming pool, hot tub or spa on premises?..... Yes No

Pool fenced?..... Yes No

Automatic locking gate? Yes No

Steps have secured handrails? Yes No

Any lake, pond or dock on premises? Yes No

Trampoline on premises? Yes No

Is the dwelling set on land in excess of five acres? Yes No

Number of acres: _____ Acreage usage: _____

Business on premise? Yes No

Type of business (include Day Care): _____

Other structures (garages, shed, etc.) on premise? Yes No

If yes, describe: _____

Modular or farm dwelling? Yes No

Existing fire, water or structural damage? Yes No

Working smoke detectors on premise? Yes No

Provide year of building updates:

Wiring: Year: _____ Partial Full Type: Knob or Tube Fuses Circuit Breakers

Plumbing: Year: _____ Partial Full

Roofing: Year: _____ Partial Full Type: _____

Heating & Air Conditioning: Year: _____ Partial Full Type: _____



Additional Comments:

NOTICES, FRAUD WARNINGS AND ATTESTATION

PRIVACY POLICY: I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)