HOMEOWNERS/DWELLING APPLICATION

ARCADIAN RISK MANAGERS

Agent: Ph: Fax:	Insured Name & Mailing Address: SSN: Occupation:
1st Mortgagee: Loan #	2nd Mortgagee: Loan #
Property Location:	County:
Requested Effective Date:	Policy No. Assigned:
Policy Form Requested: ☐ DP1 ☐ DP2 ☐ DP3 ☐ HO3 ☐ HO4	Include Wind & Hail: ☐ Yes ☐ No

	Limit of Liability
Coverage A Dwelling	$_____
Coverage B Other Structures	$_____
Coverage C Personal Property	$_____
Coverage D Fair Rental Value/Loss of Use:	$_____

Endorsements: ☐ Earthquake
☐ Limited Loss Assessment ☐ $5,000 ☐ $10,000
☐ Burglary (Owner) ☐ Burglary & Theft (Owner/Tenant)
☐ Law/Ordinance ☐ 10% Sub-Limit (No Charge) ☐ 10% Additional Limit (Add'l Prem)
☐ Personal Liability (Including $1,000 Med Pay ☐ $5,000 Med Pay) ☐ $300,000 ☐ $500,000
☐ Excess Wind Coverage - Underlying Limits $_____ Cov A $_____ Cov C

Type Construction: ☐ Frame ☐ Brick Veneer ☐ Masonry ☐ Hardiplank	Yr. Const:	Sq. Footage:
Roof: ☐ Asphalt Composition ☐ Wood Shingle ☐ Tin ☐ Screw Down Metal Tiles: ☐ Clay ☐ Concrete ☐ Composition (Check all that apply)		No. of Stories:

Occupancy: ☐ Owner Primary ☐ Owner Seasonal ☐ Vacant ☐ Tenant Occupied - ☐ Annual ☐ Mthly ☐ Wkly
How many weeks rented per year _____ (Check all that apply)

Number of Families: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Duplex ☐ Townhouse _____ (if over 4 families)

Protection Devices: ☐ Burglar ☐ Smoke Detector ☐ Central Station ☐ Sprinklers ☐ Hurricane Shutters
☐ Gated Community ☐ Electric ☐ Manual

Territory: Protection Class: Answering Fire Dept.:

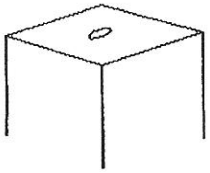
Central A/C: ☐ Yes ☐ No Central Heat: ☐ Yes ☐ No If no, what kind:

Is Dwelling currently under construction or renovation: ☐ Yes ☐ No If yes, estimated completion date:

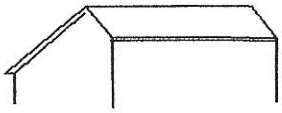
Improvements/Updates: ☐ Heating yr: _____ ☐ Electrical wiring (box) yr:_____ ☐ Plumbing (pipes) yr:_____
☐ Roof yr: _____ ☐ Other _____

Explain all "yes" responses under separate cover:
Any additional structures: ☐ Yes ☐ No If yes, give full description
Swimming pool: ☐ Yes ☐ No If yes, is swimming pool fenced: ☐ Yes ☐ No
Any losses in the past 5 years: ☐ Yes ☐ No If yes, explain fully
Any other insurance on this property: ☐ Yes ☐ No Current/Prior Carrier _____
Is there a Golf Cart on the premises? ☐ Yes ☐ No If yes, Insured with _____

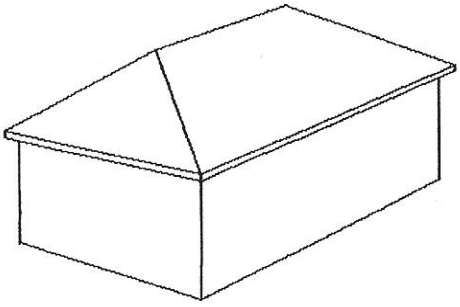
Roofs (Circle Appropriate Roof Type That Applies)

☐ 

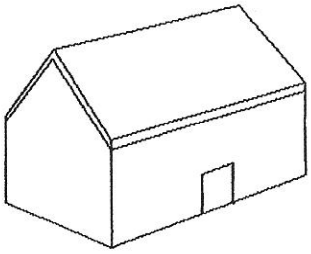
Flat Roof- A single plane that is pitched at a low angle to shed water

☐ 

Salt Box Roof- Shed roof built onto a gable roof at the same pitch and width

☐ 

Hip Roof- A a gable roof with the ends brought together at the same pitch as the rest of the roof.

☐ 

Gable Roof- Two pitched roofs, back to back, forming a triangular roof

THIS APPLICATON FOR INSURANCE DOES NOT COVER FLOOD, SURFACE WATER, WAVES, TIDAL WATER, OVERFLOW OF A BODY OF WATER OR SPRAY FROM ANY OF THESE, WHETHER OR NOT DRIVEN BY WIND.

NOTICE OF INSURANCE INFORMATION PRACTICES. PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU.

Neither the U.S. Brokers that handles this insurance nor the insurers that have underwritten this insurance will disclose non-public personal information concerning the buyer to non-affiliates of the brokers or insurers except as permitted by law.

I hereby certify that I have read the information supplied and the statements herein are true and that this information forms a basis upon which insurance may be issued.

_____ _____

Signature of Agent (Required) Date Signature of Applicant (Required) Date

*** COVERAGE CAN ONLY BE QUOTED OR BOUND BY ARM PERSONNEL ***

ARM
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Myrtle Beach, SC 29572
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EMAIL: UNDERWRITING@ARCADIANRISK.COM

Submit Form