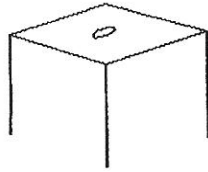


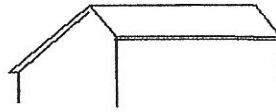
VACANT DWELLING APPLICATION

Agent:		Insured Name & Mailing Address:	
Ph:	Fax:	SSN:	Occupation:
1st Mortgagee:		2nd Mortgagee:	
Loan #		Loan #	
Property Location:		County:	
Requested Effective Date:		Policy No. Assigned:	
Policy Form Requested: <input type="checkbox"/> DP3			
Coverage A Dwelling		Limit of Liability	
		\$ _____	
Coverage B Other Structures		\$ _____	
Coverage C Personal Property		\$ _____	
Endorsements: <input type="checkbox"/> Liability (OL&T) <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 (<input type="checkbox"/> \$5,000 Med Pay)			
Type Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Hardiplank		Yr. Const:	Sq. Footage:
Roof: <input type="checkbox"/> Asphalt Composition <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Tin <input type="checkbox"/> Screw Down Metal Tiles: <input type="checkbox"/> Clay <input type="checkbox"/> Concrete <input type="checkbox"/> Composition (Check all that apply)		No. of Stories:	
Occupancy: <input type="checkbox"/> Vacant <input type="checkbox"/> Vacant/Renovation Start Date: _____ Completion Date: _____ Intended Occupancy: _____ Type of renovation being done: _____ Contractors CGL Carrier: _____ (copy of policy required to bind)			
Number of Families: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse _____ (if over 4 families)			
Protection Devices: <input type="checkbox"/> Burglar <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Central Station <input type="checkbox"/> Sprinklers <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> Gated Community <input type="checkbox"/> Electric <input type="checkbox"/> Manual			
Territory:		Protection Class: Answering Fire Dept.:	
Central A/C: <input type="checkbox"/> Yes <input type="checkbox"/> No Central Heat: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what kind:			
Improvements/Updates: <input type="checkbox"/> Heating yr: _____ <input type="checkbox"/> Electrical wiring (box) yr: _____ <input type="checkbox"/> Plumbing (pipes) yr: _____ <input type="checkbox"/> Roof yr: _____ <input type="checkbox"/> Other _____			
Explain all "yes" responses under separate cover: Any additional structures: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give full description Swimming pool: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is swimming pool fenced: <input type="checkbox"/> Yes <input type="checkbox"/> No Any losses in the past 5 years: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain fully Any other insurance on this property: <input type="checkbox"/> Yes <input type="checkbox"/> No Current/Prior Carrier _____ Is there a Golf Cart on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Insured with _____			

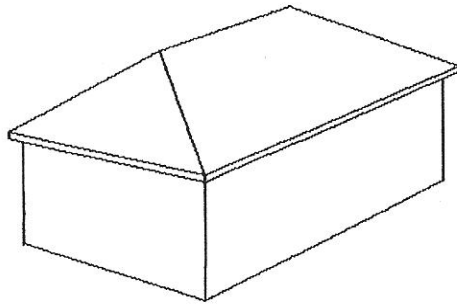
Roofs (Circle Appropriate Roof Type That Applies)



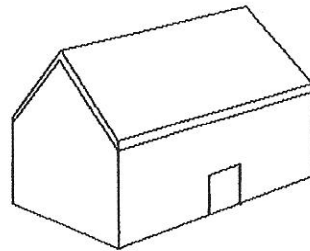
Flat Roof- A single plane that is pitched at a low angle to shed water



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



Hip Roof- A 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 APPLICATION 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

628 Chestnut Road

Myrtle Beach, SC 29572

Phone (843) 449-2491 ext 229 Fax (843) 449-4329

EMAIL: UNDERWRITING@ARCADIANRISK.COM