

Homeowners Property Supplemental Application

1. Name of Applicant:
2. Current Carrier:
3. Current Premium:
4. Location of Property:
5. Is the Home located in a gated community: Yes No
 - a. If yes, please describe access procedures for the fire department.
 - i.
6. Home number of stories:
7. Renovations contemplated in the policy term: Yes No
8. Occupancy: Primary Secondary Long Term Rental Home sharing Vacant
9. Home equipped with wood burning stove: Yes No
 - a. If yes, do the following apply:
 - i. Spark arrester on chimney: Yes No
 - ii. Fire/Chimney cleaned on a regular basis: Yes No
 - iii. Damper functional: Yes No
10. Hardwired or battery-operated smoke detectors present: Yes No
11. How far is the home from the nearest unmanaged vegetation (brush), in all directions?
 - a.
12. Indoor sprinkler system present: Yes No
 - a. If yes, full or partial: Full Partial
13. Outdoor sprinkler system present: Yes No
 - a. If yes, full structure perimeter or partial: Full Partial

14. Wood shake present on any part of the structure: Yes No

a. If yes, describe location of materials:

15. Central Station fire/smoke alarm present: Yes No

16. Are any of the following present in the electrical system of the home:

a. Aluminum wiring: Yes No

b. Fuses: Yes No

c. Knob & Tube wiring: Yes No

d. Stab-Lok circuit breakers: Yes No

e. Federal Pacific Electric (FPE) electrical panel/circuit breakers: Yes No

f. Challenger electrical panel/circuit breakers: Yes No

g. Zinsco/Sylvania electrical panel/circuit breakers: Yes No

h. Murray electrical panel manufactured between June 2010 – August 2010:

i. Yes No

i. Square D electrical panel manufactured between December 2019 – March 2022:

i. Yes No

17. If applicable, describe any other fire/wildfire mitigation efforts made not listed above:

a.

b.

c.

18. 5 Year Loss History

a. No Losses

b. If applicable provide loss details (date of loss, description of loss, total incurred, and mitigating efforts made to help prevent future similar losses):

i.

ii.

iii.

iv.

Applicant's Warranty Statement

THE UNDERSIGNED APPLICANT DECLARES THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT ANY POLICY WHICH MAY BE ISSUED BY THE COMPANY WILL BE ISSUED RELYING ON THE MATERIAL INFORMATION CONTAINED IN THIS APPLICATION. I AGREE THAT ANY MATERIAL CHANGE TO THE INFORMATION CONTAINED IN THIS APPLICATION WILL IMMEDIATELY BE REPORTED IN WRITING TO THE COMPANY AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR VOID ANY AUTHORIZATION OR AGREEMENT TO BIND INSURANCE.

Fraud Notice

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 MATERIAL FACT MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Applicant Name

Date

Signature of Applicant

THE BELOW INDIVIDUAL HEREBY WARRANTS AND CERTIFIES THAT THIS APPLICATION AND ITS MATERIAL INFORMATION IS CORRECT; THAT THIS APPLICATION WAS COMPLETED AND THEN SIGNED BY THE APPLICANT; THAT A COPY OF THE COMPLETED APPLICATION HAS BEEN PROVIDED TO THE APPLICANT; AND THAT THE BELOW INDIVIDUAL IS RETAINING A DUPLICATE SIGNED COPY HEREOF.

Producer Name

Date

Producer Signature



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