

PACIFIC INTERNATIONAL UNDERWRITERS, INC.

627 Dayton Street PO Box 2007
 Edmonds, WA 98021
 Phone: 425-771-8988 or 800-562-8403
 Fax: 425-775-9046 or 888-814-8701

Agency _____
 Address: _____
 Phone #: _____
 Fax #: _____

HOMEOWNER APPLICATION

POLICY PERIOD / / TO / /

ATTACH:
 Front & Rear Photo's
 Prior HO Dec. Page
 R/C Cost Estimator
 Woodstove Questionnaire (if applicable)

APPLICANT

Name: _____
 Mailing Address: _____
 Phone Number: _____
 Soc. Security #: _____ Spouse Soc. Security #: _____

Location of Property (if different than mailing address):

MORTGAGEE INFORMATION

Name: _____
 Mailing Address: _____
 Loan Number: _____
 Name: _____
 Mailing Address: _____
 Loan Number: _____

RATING INFORMATION

Square Footage: _____ No. of Stories: _____ No. of Families: _____ Current Replacement Cost: _____
 Construction: Frame Brick Vn Masonry Alum Siding Year Built: _____
 Occupancy: Primary Other (Explain) Protection Class: _____
 Feet to Hydrant: _____ Miles to Fire Department: _____ Inside City Limits: Yes

POLICY COVERAGES

Deductible: \$750 \$1000 \$2,500 Coverage C. Replacement Cost ACV

Coverage	A. DWELLING	B. OTHER STRUCTURES 10%	C. PERSONAL PROPERTY 50%	D. LOSS OF USE 20%	E. PERSONAL LIABILITY	F. MEDICAL PAYMENTS
Limit	\$	\$	\$	\$	\$	\$

3 YEAR LOSS HISTORY		
DESCRIPTION	DATE	AMOUNT
		\$
		\$
		\$

LOSS HISTORY REMARKS

APPLICANT INFORMATION
 Age _____ Marital Status _____
 Occupation _____
 Employer _____
 Time at this residence _____
 # & Age of all resident children: _____

DWELLING INFORMATION
 Purchase Price \$ _____ Date _____
 Approx. Mortgage Balance \$ _____
 Basement Yes Garage Unattached Attached
 Roof Type Age _____ Cond. _____

Type of Primary Heat Gas Electric Other _____
 Central Floor/Wall Furnace
 Type of Wiring Aluminum Knob & Tube Fuses
 Circuit Breakers
 Combination-explain _____
 Physical Condition Good Fair Poor

UPDATING
 Wiring Date _____ Heating Date _____
 Plumbing Date _____ Remodeling Date _____
 Foundation Type _____

PROTECTIVE DEVICES
 Cent. Station Burglary Cent. Station Fire Alarm
 Local Burglar Alarm Smoke Alarm
 Dead Bolts Carbon Monoxide Alarm

HAS APPLICANT:		
Each of the following "YES" answers must be explained	YES	NO
1. Any conviction of arson or fraud related to loss on property?		
2. Been Cancelled, Declined or Non-renewed in the last five (5) years? Provide full details.		
3. Mortgage payments overdue in last 12 months?		
4. Any existing damage (inside or out)?		
5. Does Dwelling or Other Structures have: wood/coal heat, fireplace, wood/coal stove, fireplace insert, space heater? Furnish questionnaire & photos		
6. Other Structures? Describe, include square footage and values. (Need photos)		
7. Lot size over four (4) acres?		
8. Describe Animals on Premises, and number of each Dogs: _____ Breed _____ Horses: _____ Other: _____		
9. Has applicant previously been insured by your agency? How many years?		
10. Previous Home Carrier: _____ Policy #: _____ Exp. Date _____ (ATTACH COPY OF PRIOR DEC.)		
11. Is there a swimming pool, trampoline or any children's play equipment on premises? Describe including fencing.		
12. Is any type of business including child care service or farming conducted on or from the residence or premises?		
13. Has applicant had a bankruptcy, collection account, judgement, tax lien or debt write-off? Show date:		
14. Has any household member been convicted of anything other than a traffic violation, or is any lawsuit or litigation pending at present?		
15. Any self construction or remodeling?		
16. Any firearms kept on premises?		

NOTE: CPL limit for any animal related incident is \$10,000

Remarks/Explanations: _____

NOTICE TO THE APPLICANT: APPLICANT AGREES TO THE TERMS AND CONDITIONS AS SET FORTH IN THIS ENTIRE APPLICATION AND WARRANTS THAT ALL INFORMATION IS TRUE AND CORRECT AND THAT ANY INCORRECT INFORMATION MAY VOID ALL COVERAGES FROM THE EFFECTIVE DATE AS PART OF THE COMPANY'S NORMAL UNDERWRITING PROCEDURE. AN INVESTIGATION MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION PERSONAL CHARACTERISTICS, MODE OF LIVING AND CONDITIONS OF THE PROPERTY TO BE INSURED. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED. FLAT CANCELLATIONS PROHIBITED.

APPLICANT'S STATEMENT: I UNDERSTAND THAT NO INSURANCE IS BOUND HEREUNDER AND AGREE THAT NO INSURANCE SHALL BE EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY PACIFIC INTERNATIONAL UNDERWRITERS, INC.

IMPORTANT NOTICE: I ALSO FULLY UNDERSTAND AND AGREE THAT IF ANY PREMIUM REMITTANCE BY ME, OR ON MY BEHALF IS NOT HONORED BY THE PAYOR (BANK), IT WILL BE DEEMED NON PAYMENT OF PREMIUM AND NO COVERAGE WILL HAVE BEEN BOUND, OR AFFORDED UNDER THIS APPLICATION AND SUBSEQUENT BINDER BILLING OR POLICY. FLAT CANCELLATIONS PROHIBITED

X _____ X _____ X _____ X _____ X _____
 SIGNATURE OF APPLICANT TIME DATE SIGNATURE OF PRODUCER TIME DATE