

www.shellyins.com
Phone: 904-354-7711
quotes@shellyins.com

Requested Effective Date:

PROPOSED NAMED INSURED AND MAILING ADDRESS			Agency Name and Address:		Agency Code:	
Named Insured Phone Number:				Agency Phone Number:		
Email Address:				Email Address:		

APPLICANT INFORMATION					
Address of Residence Premises to be Insured			Previous Address (if less than 3 years):		
			Prior Carrier:		
			Prior policy expiration date or property purchase date (if new purchase):		
Applicant Occupation:		Date of Birth:		Marital Status:	
Co-Applicant Occupation:		Date of Birth:		Marital Status:	

COVERAGE	LIMIT	DEDUCTIBLE	LIMIT
Coverage A – Dwelling		AOP Deductible	
Coverage B - Other Structures		Named Storm Deductible (if applicable)	
Coverage C - Personal Property		Wind/Hail Deductible (if applicable)	
Coverage D - Loss Of Use		Wildfire Deductible (if applicable)	
Coverage E - Personal Liability		Earthquake Deductible (if applicable)	
Coverage F - Medical Payments			

PROPERTY CHARACTERISTICS		
Year Built:	Square Footage:	Number Of Families:
Construction Type:	Occupancy:	Number Of Stories:
Roof Material:	Hip Roof:	Roof Replaced Year:
Protection Class:		
Roof Wall Attachment:	Opening Protection:	Protective Device:

COVERAGE OPTIONS		
Water Backup:	Replacement Cost Contents:	Sinkhole:
Increased Ordinance or Law:	Supplemental Loss Assessment:	Fungi (Property):
Fungi (Liability):	Personal Injury:	Identity Fraud:
Coverage C Increased Special Limits:	Extended Replacement Cost:	Fortified Roof:

LOSS HISTORY			
Date of Loss:	Loss Type:	Description:	Amount:

www.shellyins.com
Phone: 904-354-7711
quotes@shellyins.com

Requested Effective Date:

In this application, "I", "you", and "applicant" refer to the Proposed Named Insured(s) shown on page 1 of this application, and their spouse, if a resident of the same household.

ELIGIBILITY:	
Yes ___ No ___	DOES THE RESIDENCE PREMISES HAVE ANY EXISTING DAMAGE? DESCRIPTION:
Yes ___ No ___	IS THE RESIDENCE PREMISES IN A STATE OF DISREPAIR, DOES IT REFLECT A LACK OF MAINTENANCE, HAS IT BEEN CONDEMNED, OR IS IT LOCATED IN A CONDEMNED AREA?
Yes ___ No ___	IS THERE A SWIMMING POOL ON THE RESIDENCE PREMISES?
Yes ___ No ___	IS THE POOL PERMANENTLY FENCED, WALLED, OR SCREENED OF AT LEAST 4 FEET AND WITH A SELF-LATCHING GATE, OR (WHERE REQUIRED AND ALLOWED BY STATE OR LOCAL ORDINANCE) IS THERE NATURAL FENCING, SUCH AS TALL SHURBBERY, IN PLACE?
Yes ___ No ___	IS THE RESIDENCE PREMISES IN THE COURSE OF CONSTRUCTION OR UNDER RENOVATION?
Yes ___ No ___	WAS THE RESIDENCE PREMISES ORIGINALLY DESIGNED OR BUILT FOR OTHER THAN HABITATIONAL PURPOSES?
Yes ___ No ___	ARE THERE ANY STRUCTURES ON THE RESIDENCE PREMISES CONSTRUCTED PARTIALLY OR ENTIRELY OVER WATER? TYPE: _____ DESCRIPTION: _____
Yes ___ No ___	IS THE RESIDENCE PREMISES OCCUPIED BY MORE THAN 1 FAMILY, OR DOES THE APPLICANT HAVE ANY ROOMERS OR BOARDERS?
Yes ___ No ___	TO YOUR KNOWLEDGE, HAS THERE EVER BEEN, ANY SINKHOLE ACTIVITY ON THE RESIDENCE PREMISES?
Yes ___ No ___	WILL THE PROPERTY BE OCCUPIED BY THE APPLICANT(S) WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS POICY?
Yes ___ No ___	HAS THE APPLICANT(S) EVER BEEN A FIRST PARTY IN A PERSONAL LAWSUIT AGAINST AN AUTO OR HOMEOWNER'S INSURANCE COMPANY EXCEPT WHERE THE INSURED PREVAILED IN OR SETTLED THE LAWSUIT OR TO THE BEST OF YOUR KNOWLEDGE HAD AN ASSIGNMENT OF BENEFITS CLAIM THAT RESULTED IN A LAWSUIT AGAINST A PERSONAL LINES INSURANCE COMPANY?

GENERAL INFORMATION:	
Yes ___ No ___	DO YOU OWN, OCCUPY, OR RENT ANY OTHER RESIDENCE?
Yes ___ No ___	IS THE RESIDENCE PREMISES FOR SALE BY THE APPLICANT?
Yes ___ No ___	ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?

MORTGAGEE(S):	
First Mortgagee Name and Address:	Second Mortgagee Name and Address:
Loan #:	Loan #:

**OTHER INTEREST(S):
INSURABLE INTEREST:**

Remarks:

www.shellyins.com
Phone: 904-354-7711
quotes@shellyins.com

NOTICE OF INSURANCE INFORMATION PRACTICES:

Requested Effective Date:

APPLICABLE IN ALL STATES EXCEPT AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA AND WV:

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

Applicant Initials:

Applicant Signature	Date (MM/DD/YYYY)
---------------------	-------------------

APPLICABLE IN WV:

NOTICE OF INSURANCE INFORMATION PRACTICES: Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent renewals. Credit scoring information may be used to determine either your eligibility for insurance, or the premium you will be charged. If your credit score increases your insurance premium, you may request a recalculation of your credit score once in a 12-month period. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Applicant Signature	Date (MM/DD/YYYY)
---------------------	-------------------

FRAUD STATEMENTS:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV
Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in FL and OK
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in ME, TN, VA and WA
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only

APPLICANT'S STATEMENT:

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS AND I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING AND I UNDERSTAND THAT A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant Signature

Producer Signature

Applicant Signature Date

Producer Name (Printed)

License Number