

**F. Darrell Lindsey**

**U.S. Licensed**

**Producer/Broker**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**www.LLLindsey.com**

**HOMEOWNERS/DWELLING FIRE  
DISCOVERY QUESTIONNAIRE**

THIS IS FOR QUOTATION PURPOSES ONLY - THIS IS NOT A BINDER SIC Code \_\_\_\_\_

**1. General Information**

**Proposed Effective Date:** \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**2. Insurance History**

Who was your last or is your current insurance carrier? \_\_\_\_\_

Please provide Insurance Company Name(s) for all companies that providing insurance for the last three (3) years.

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Limits (per accident / aggregate)	/	/	/

Have you ever had a claim?  Yes  No Please complete a Claims and Loss history form.

**3. Desired Insurance**

Policy Form:  HO8  HO2  Mobile Home  Tenant/Renters  Builder's Risk  Dwelling Fire

**Limit of Liability:**

Dwelling \$ \_\_\_\_\_

Loss of use \$ \_\_\_\_\_

Other Structures. \$ \_\_\_\_\_

Liability \$ \_\_\_\_\_

Personal Property. \$ \_\_\_\_\_

**Self Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**Deductible:**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**Wind Deductible:** \_\_\_\_\_

**4. Property Information**

1. Address/Location of property to be insured: \_\_\_\_\_
  - a. County: \_\_\_\_\_
  - b. Is this Location Within 50 Miles of the Ocean or a Great Lake?  Yes  No
2. Total monthly household income and source(s) \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - a. Has the Insured ever filed bankruptcy?  Yes  No
3. Insured's current Employer(s): \_\_\_\_\_
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_  
\_\_\_\_\_
  - c. Job Title of Insured: \_\_\_\_\_
  - d. Length of Time employed there: \_\_\_\_\_
4. Insured's Birthday: \_\_\_\_\_ SS#: \_\_\_\_\_
5. Mortgages/Additional Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - a. Remaining Balance of Mortgage: \$ \_\_\_\_\_
  - b. Number of years left on loan: \_\_\_\_\_
  - c. Are Mortgage Payments Current?  Yes  No
6. Use/Occupancy (circle number of occupants one): 1 2 3 4  Family  Owner  Tenant Occupied  Commercial  
(describe current or former occupancy): \_\_\_\_\_

**Structural Information**

1. Is the building currently Vacant?  Yes  No  
If yes, answer:
  - a. Length of Vacancy (yrs./mos.) \_\_\_\_\_
  - b. Future Plans: \_\_\_\_\_
2. Year Built \_\_\_\_\_
3. Stories \_\_\_\_\_
4. Square Feet (not including basement) \_\_\_\_\_
5. Public Protection Class: \_\_\_\_\_
6. Distance to nearest fire department?  Within 1 mile  1-5 miles  Over 5 miles
7. Construction:  Frame  Masonry
8. Garage:  Attached  Free Stand  None
9. Type of Roof  Shingle  Tin  Earthen  Tile  Gravel  Other \_\_\_\_\_
  - a. Has the roof been replaced?  Yes  No  
If yes, when (year): \_\_\_\_\_
  - b. Roof Condition:  Excellent  Good  Fair  Poor

10. Type of Wiring:  Copper  Aluminum  Other \_\_\_\_\_  
 a. Has the wiring been replaced?  Yes  No  
 If yes, when (year): \_\_\_\_\_
11. Plumbing Type:  Lead  Copper  Other: \_\_\_\_\_  
 a. Has the plumbing been replaced?  Yes  No  
 If yes, when (year): \_\_\_\_\_
12. Foundation Type:  Cement Foundation  Pylons  Other \_\_\_\_\_  
 a. Describe Condition of Foundation: \_\_\_\_\_  
 \_\_\_\_\_
13. Soil Conditions Around Structure:  Sand  Clay  Other \_\_\_\_\_
14. If Mobile Home, list Make/Model/Year: \_\_\_\_\_  
 \_\_\_\_\_
15. Primary Heat Source: \_\_\_\_\_ Kerosene or Woodstove? (Y/N) \_\_\_\_\_
16. Central Air?  Yes  No
17. Site Security (if any): \_\_\_\_\_
18. Condition of Dwelling:  Excellent  Good  Above Average  Fair
19. Livestock or Domestic Pets?  Yes  No  
 If yes, please describe: \_\_\_\_\_

**Surrounding Hazards**

1. Is structure surrounded by trees?  Yes  No  
 If yes, please answer:  
 a. Type(s) of Tree(s): \_\_\_\_\_  
 b. Ave. Height: \_\_\_\_\_
2. Are there telephone or electrical poles close to structure?  Yes  No
3. General characteristics of surrounding area? \_\_\_\_\_  
 \_\_\_\_\_
4. Are there any other factors that would constitute a wind hazard?  Yes  No
5. Are there any bodies of water close to structure including rivers, lakes, ponds or any other possible water hazard?  
 Yes  No  
 If yes, describe: \_\_\_\_\_
6. Is structure located in flood plain?  Yes  No  
 If yes, what is the frequency of floods in that area? \_\_\_\_\_
7. Has there ever been flood damaged to structure?  Yes  No  
 Year: \_\_\_\_\_ Amount \$ \_\_\_\_\_
8. Distance from fire hydrant:  Within 500'  501'-1,000'  Over 1,000'
9. Is there any kind of fuel storage structures including propane tanks located near structure?  Yes  No  
 If yes, indicate distance from structure \_\_\_\_\_

10. Please describe any un-repaired damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please provide name for the person managing your accounting services, financial reports and tax filings:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_  
Accountant's Responsibilities: \_\_\_\_\_

12. Do you provide Workers Compensation for all employees?  Yes  No

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**STATEMENT OF NO KNOWN  
CLAIMS/CIRCUMSTANCES**

Note: This statement must be signed and returned with the completed application.

The signature below confirms that:

- I have no known losses or claims that have not been reported to my prior insurance carrier or any other source from which payment might be made;
- I have no knowledge of facts or circumstances that relate to an incident(s) arising from services which could reasonably result in a claim, that has not been reported to a prior insurance carrier;
- I have no knowledge or information relating to service or services which might result in a claim; and,
- I have no knowledge of any prior liability carrier refusing coverage for, or demanding to accept a report of an incident, threat of claim, letter of intent, adverse result notice or attorney contact.

The applicant declares that the information contained herein is accurate and that no material facts have been suppressed. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations. The applicant understands that incorrect information could void coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## CLAIM INFORMATION SUPPLEMENT

### SEPARATE FORM FOR EACH SEPARATE CLAIM

This Claim Information Supplement must be completed, signed and dated by the applicant for each claim, suit or circumstance reported on your application for insurance. All questions must be answered completely. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please attach a separate page. Photocopy this form and use a separate one for each claim, suit or circumstance.

**Information:**

Name:	Social Security Number or Corp. Number
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**Claim or Circumstance Information**

Claimant Name:	Age:	Sex:
Date of Alleged Incident:	Date Claims was made or Suit Brought:	
Additional Defendants:		
Insurance Carrier to Whom Claim/Circumstance Reported:		

**Claim Status:**

DISMISSED		DEFENSE VERDICT	
PLAINTIFF VERDICT	TOTAL PAID \$	PAID ON YOUR BEHALF \$	
SETTLEMENT	TOTAL PAID \$	PAID ON YOUR BEHALF \$	
OPEN			
Settlement Demand \$	Settlement Offer \$	Loss Reserve \$	

For all Paid and Reserve amounts, include both Indemnity and Expense dollars.  
**PLEASE EXPLAIN:** What BUSINESS PRACTICES or RISK MANAGEMENT procedures have you developed and effected to prevent a claim like this in the future? Note any changes like hiring procedures, client screening, signed disclosure of risk forms, job work orders signed, inspection of jobs completed, employee training, etc.. Please explain in your own words: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Claim Description:** Include allegation(s), events leading up to the claim, and any other facts pertinent to the claim.


The applicant declares that the information contained in this CLAIM INFORMATION SUPPLEMENT is true and that no material facts have been suppressed or misstated. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations. The applicant understands that incorrect information could void coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



