



Fiercely Committed.  
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TEL 617 471 7171 / TF 800 972 5381  
FAX 617 471 7180 / TF 888 628 1906  
EMAIL info@xsbrokers.com

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**FLORIDA HOMEOWNERS/DWELLING APPLICATION**

Named Insured \_\_\_\_\_

Agent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Agency Code \_\_\_\_\_

Location Address: Check here if same as mailing:

Proposed Effective Date:

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

12:01 A.M. Standard Time, at the location address of the insured

Occupation: (Include Employer name and if retired include occupation prior to retirement):

Insured #1 \_\_\_\_\_ Insured #2 \_\_\_\_\_

Date of Birth: Insured #1 \_\_\_\_\_ Insured #2 \_\_\_\_\_

Inspection Contact \_\_\_\_\_ Phone # \_\_\_\_\_

If insured is a Trust, Estate, Corporation, LLC or Partnership Include Principal, Trustee etc....Occupation and DOB

If Trust, please list trustee, Grantor or Trustee \_\_\_\_\_

**COVERAGE:**

Requested Coverage: HO3  HO4  HO5  HO6  DP3  Vacant  Builders Risk/Renovation

**If Builders Risk/Renovations include details** \_\_\_\_\_

Owner Builder Y  N  If yes, do all contractors carry GL limits of \$1M or more Y  N  Insured named as AI Y  N

**LIMITS:**

Dwelling/A&A \_\_\_\_\_ Other Structures \_\_\_\_\_ Personal Property \_\_\_\_\_

Loss of Use \_\_\_\_\_ Liability \_\_\_\_\_ Medical Payments \_\_\_\_\_

Loss Assessment \_\_\_\_\_ AOP Deductible \_\_\_\_\_ Other Deductible (Water, Theft etc.) \_\_\_\_\_

Wind/Hail Deductible  Named Storm Deductible  Hurricane Deductible  - Deductible % \_\_\_\_\_

Exclude Wind  **(Signed statement from insured will be required)**

**UNDERWRITING INFORMATION:**

Occupancy: Primary  Secondary  Rental  Secondary Rental  Vacant  Unoccupied

Construction: Frame/Stucco  Masonry  Masonry/Veneer  Superior  EIFS  Other: \_\_\_\_\_

Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_ # of Families \_\_\_\_\_ Stories \_\_\_\_\_ Protection Class \_\_\_\_\_

If HO4 or HO6: How many floors in building? \_\_\_\_\_ On which floor is the unit? \_\_\_\_\_

Distance to: Fire Hydrant \_\_\_\_\_ feet Distance to Fire Station \_\_\_\_\_ miles

Protective Alarms/Devices: Central Fire  Central Burglar  Smoke Detectors  Deadbolt  Sprinklers

Windstorm Mitigation: Hip Roof  Roof Straps  Protective Glass  Metal Shutters  Plywood Shutters

Roof Type: Comp  Shake  Tile  Slate  Metal  **Age of Roof** (yr. Updated) \_\_\_\_\_ Full  or Partial

Yr of Updates: **Plumbing** \_\_\_\_\_ Full  Partial  **Electrical** \_\_\_\_\_ Full  Partial  **Heating** \_\_\_\_\_ Full  Partial

Was dwelling gutted and remodeled? Y  N  Any knob and tube wiring? Y  N  Any Fuses? Y  N

Any lead Piping Y  N  If risk is a rental: Is rental on an annual lease? Y  N  Is dwelling rented to Students? Y  N

Short term rental: How many weeks per year rented? \_\_\_\_\_ What is the minimum # of days rented? **# of days** \_\_\_\_\_



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**CLAIM HISTORY: If NONE please indicate NONE**

Date of loss	Type of Loss	Cause	Amount Pd.	Open/Closed	Any Unrepaired Damage?	Preventative Measures

**PREVIOUS CARRIER INFORMATION:**

Prior Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Expiring Premium: \_\_\_\_\_ Any previous carrier decline, cancelled or non-renewed within the last three years? Y  N  If Yes, give reason (s): \_\_\_\_\_

**Mortgagee:**

Name	Mailing Address/City/State/Zip	Loan#

**Additional Insured:**

Name	Mailing Address/City/State/Zip	Describe Interest

**ADDITIONAL INFORMATION:**

- |   |  |
|---|--|
| Any bankruptcy or foreclosure proceedings file? Y <input type="checkbox"/> N <input type="checkbox"/>   | Any fire, water or structural damage? Y <input type="checkbox"/> N <input type="checkbox"/>  |
| Reason: _____   | Any structure built on stilts or over water? Y <input type="checkbox"/> N <input type="checkbox"/>   |
| Discharged? _____ When? _____   | Electrical Service on circuit breakers? Y <input type="checkbox"/> N <input type="checkbox"/>  |
| Other Structures (garages, shed, etc.) on Premises? Y <input type="checkbox"/> N <input type="checkbox"/>   | Any business conducted on premises? Y <input type="checkbox"/> N <input type="checkbox"/>  |
| If Yes describe: _____  | If Yes describe: _____   |
| Is the dwelling undergoing any renovation? Y <input type="checkbox"/> N <input type="checkbox"/>  | Is the dwelling for sale? Y <input type="checkbox"/> N <input type="checkbox"/>  |
| Any animals on premises by insured or tenant? Y <input type="checkbox"/> N <input type="checkbox"/>   | Is dwelling on National Historical Registry? Y <input type="checkbox"/> N <input type="checkbox"/>   |
| Type of Animal (s) _____  | Flood Insurance in force on property? Y <input type="checkbox"/> N <input type="checkbox"/>  |
| Breed (s) _____   | Is there a swimming pool? Y <input type="checkbox"/> N <input type="checkbox"/>  |
| Bite History? _____   | Is pool fenced or screened? Y <input type="checkbox"/> N <input type="checkbox"/>  |
| Is there a trampoline? Y <input type="checkbox"/> N <input type="checkbox"/>  | Is there a Slide or Diving Board? Y <input type="checkbox"/> N <input type="checkbox"/>  |
| During the last 5 years, has any applicant and/or person with financial interest in the property to be insured been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other crime in connection with the property to be insured or any other property? Y <input type="checkbox"/> N <input type="checkbox"/> | Has applicant observed: (i) signs of settling cracking, bulging, sagging, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Have you been told, has it been disclosed to you Or are you otherwise aware of (i) sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? Y <input type="checkbox"/> N <input type="checkbox"/>   | At any time, has this property had any prior sinkhole claims? Y <input type="checkbox"/> N <input type="checkbox"/>  |
|   | Wood Stove? Y <input type="checkbox"/> N <input type="checkbox"/>  |
|   | If Yes, Primary source of heat? Y <input type="checkbox"/> N <input type="checkbox"/>  |
|   | Any lake, pond or dock on premises? Y <input type="checkbox"/> N <input type="checkbox"/>  |



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**OPTIONAL COVERAGE'S OR ENDORSEMENTS:** (Note: all requested optional coverage's and/or limits may be available)

Desired Optional Coverage's Not listed

Personal Property Replacement Cost –	HO 04 90 10 00	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
Special Personal Property All Risk Cov. C –	HO 05 26 05 13	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
Extended Replacement Cost Dwelling –	HO 04 20 10 00	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
25% <input type="checkbox"/> 50% <input type="checkbox"/>			
Personal Injury	HO 24 82 04 02	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
Water Back up and Sump Pump Overflow	HO 04 95 10 00		
\$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	_____
Identity Fraud (\$15,000 Limit)	HO 04 55 05 11	Y <input type="checkbox"/> N <input type="checkbox"/>	
Limited Mold, Wet or Dry Rot	Carrier Specific	Y <input type="checkbox"/> N <input type="checkbox"/>	
Limit Requested \$ _____			
HO6 All Risk Coverage A	HO 17 53 05 03	Y <input type="checkbox"/> N <input type="checkbox"/>	
Equipment Breakdown	Carrier Specific	Y <input type="checkbox"/> N <input type="checkbox"/>	
Sinkhole Coverage	Carrier Specific	Y <input type="checkbox"/> N <input type="checkbox"/>	

**ADDITIONAL COMMENTS OR UNDERWRITING INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE TO FLORIDA APPLICANTS:**

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'S STATEMENT:**

The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify and outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

PRODUCERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODCUERS LICENSE NO. \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_