

HO III APPLICATION NEW JERSEY COASTAL

(Program for Owner Occupied/Tenant)



Underwritten By:
INSURANCE INNOVATORS, INC.
 PO Drawer 969, Glenside, PA 19038
 (215)885-7300 Phone • (215)886-2482 Fax

Name _____ Producer: _____
 Address _____ Address: _____
 Phone _____
 Insured _____
 Location _____
 _____ Owner Primary _____ Owner Secondary/Seasonal _____ Owner/Tenant

An Effective date MUST be entered and may not be earlier than postmark or fax date.

Questionnaire must be thoroughly completed in order to properly quote coverage.

From: Month	Day	Year	To: Month	Day	Year
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Number of Families _____
 Is there a tenant on premises? ___Y ___N

COVERAGES

(12:01AM STANDARD TIME)

A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENT	DEDUCTIBLE
\$	\$	\$ Includes RCC	\$ 20% of "A"	EACH OCCURRENCE \$ \$300,000 Included Insert Optional Higher Limit	EACH PERSON \$1,000- incl \$2,000- \$10 \$3,000- \$18 \$4,000- \$26 \$5,000- \$35	\$
** WATER BACK-UP COVERAGE:				\$5,000 _____ \$75		
				\$10,000 _____ \$125		

MORTGAGEE(S) NAME:
ADDRESS:
LOAN NUMBER:

UNDERWRITING QUESTIONNAIRE

This section must be completed in its entirety-Explain "Yes" Answers

- | | |
|---|---|
| <p>1. Type of Construction _____ Masonry _____ Frame _____</p> <p>2. Year of Construction _____</p> <p>3. Occupation - Applicant _____ Spouse _____</p> <p>4. Protection Class _____ Class 9 refer to underwriter</p> <p>5. Age of roof _____ Type _____</p> <p>6. Electrical Service _____ circuit breaker amps
(Dwellings must have circuit breakers to be eligible.)</p> <p>7. Heating System Type _____
(Underground oil tanks are ineligible)</p> <p>8. Animals/Reptiles on Premises? ___YES ___NO</p> <p>Type/Breed _____</p> | <p>9. Prior Carrier _____
Expiration Date? _____</p> <p>10. Has the applicant suffered any losses during the last 3 years?
____ YES ____ NO What type/amount _____</p> <p>11. Has any company canceled or refused insurance to the applicant for other than non pay? ___YES ___NO</p> <p>12. Distance to water _____</p> <p>13. If property is a secondary or seasonal residence, is it winterized or is heat maintained at a minimum of 55° while unoccupied? ___YES ___NO</p> <p>14. Purchase Price of Property _____</p> <p>Date of Purchase _____</p> |
|---|---|

NOTICE TO PRODUCER: This is an application for insurance only. No Binding Authority is extended to the Producer, nor is coverage bound until received and approved by the Insurance Underwriters.

APPLICANTS STATEMENT

I understand that as a part of this company's routine procedure for reviewing applications for insurance or renewals of insurance policies, a routine inquiry may be made. Such inquiry usually contains information as to an applicant's character, general reputation, personal characteristics and mode of living. If such inquiry is made, further information on the nature and scope of the inquiry is available upon written request. Photographs of the insured property will be taken by a property inspector.

DATE _____

SIGNATURE OF PRODUCER (REQUIRED) _____

SIGNATURE OF APPLICANT(S) _____

Underwriting Guidelines

1. Eligible risks can be owner or owner and one-tenant occupied.
2. Coastal risks are those properties within five miles of coastal waters.
3. If property is a secondary/seasonal residence, the property must be winterized and the heat maintained at a minimum of 55° to prevent freezing.
4. Property must be insured to 80% of Replacement Cost Value.
5. Section II Limit of Liability of \$300,000 is included. (If Section II Liability is not required, a credit of \$35.00 will be applied to base premium.)

To increase Section II Liability:

For Tenant Occupied Units add the following premiums for liability:

\$300,000 - \$50

\$500,000 - \$75

For Owner Occupied only:

\$500,000 - \$50

NOTE: \$500 deductible not available if tenant occupied or a Secondary Property.

Revised 2/08