

Homeowner's Insurance - Application

Personal Information:

Name: _____ SS# _____

Date of Birth: _____ Male: _____ Female: _____

Address: _____

Email: _____ Contact # _____

Property Information:

Full Address: _____

Bedroom: _____ # Full Bath: _____ # Partial Bath: _____

of Units: _____ # of buildings: _____ # Livingroom: _____

Dining room: _____ # Kitchen: _____ # Din: _____

A/Garage: _____ # D/Garage: _____ Property Value: \$ _____

Is the property under construction? _____ Do you live in the property? _____

What's the overall condition of the property? _____ Do you have a pool? _____

If yes, do you have a slide or diving board? _____ Do you have a trampoline? _____

Is the property vacant and if so, how long? _____ Do you have any pets? _____

Policy Information:

What is the expected Effective Date? _____

Is the property for purchase or refinance? _____

If purchase, what is the sales price and settlement date? _____

Did you file any claims within the last five years? _____

Mortgagee Clause:

Lender Name: _____

Address: _____

Additional Benefit Options:

Check the boxes below to add additional benefits.

- | | |
|---|--|
| <input type="checkbox"/> Accident Insurance | <input type="checkbox"/> Landlord DP3 |
| <input type="checkbox"/> Critical Illness | <input type="checkbox"/> Mortgage Protection |
| <input type="checkbox"/> Hospital Indemnity | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Income Protector | <input type="checkbox"/> Vision |

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize _____ to charge my
(Full Name) (Merchant's Name)

bank account indicated below for \$ _____ on the _____ of
(Amount \$) (day)
each _____.
(week, month, etc.)

This payment is for _____.
(Description of Goods/Services)

Billing Information

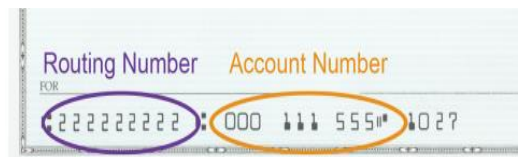
Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____
Bank Name _____
Account Number _____
Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify _____ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that _____ may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$ _____ charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____

