

ADDITIONAL BUILDING INFORMATION

IS THE DWELLING A MOBILE HOME? [] YES [] NO SKIRTED? [] YES [] NO TIED DOWN? [] YES NO []
IS THERE A POOL, POND, LAKE, RIVER, OR TRAMPOLINE ON THE PREMISES? [] YES [] NO
IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: _____
IS WINDSTORM POOL COVERAGE AVAILABLE? [] YES [] NO

IS THERE A PARKING LOT? [] YES [] NO
IF "YES", IS THE PARKING LOT FENCED, CLOSED OFF TO OTHERS OR POSTED FOR NO TRESPASSING? [] YES [] NO

DESCRIBE NEIGHBORHOOD: _____

DESCRIBE GENERAL CONDITION OF BUILDING: _____

ARE THERE ANY HAZARDS ON THE PROPERTY? (abandoned appliances, swingsets, trampoline, treehouse, vehicles, debris, etc...) () YES () NO

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM? [] YES [] NO

IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED? [] YES [] NO IS THERE AN ACTIVE SPRINKLER SYSTEM? [] YES [] NO

WILL BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? [] YES [] NO

"IF YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? [] YES [] NO

STATE THE TOTAL AMOUNT THAT WILL BE SPENT TO RENOVATE THE BUILDING: \$ _____

TO RENOVATE OTHER STRUCTURES: \$ _____

RENOVATIONS ARE DEFINED AS: ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, NOT NEW CONSTRUCTION
CHECK ALL BOXES BELOW THAT DEFINE THE WORK BEING DONE: (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

- [] REPLACING BATHROOM FIXTURES [] REPLACING ROOF [] REPLACING WINDOWS [] SIDING OR PAINTING EXTERIOR
- [] REPLACING KITCHEN CABINETS [] REPLACING FLOORS [] REPLACING EXTERIOR DOORS [] GUTTING THE PREMISES
- [] REPLACING PLUMBING/HEATING/ELECTRICAL [] PAINTING [] OTHER (SPECIFY): _____

PROVIDE YEAR OF UPDATES: ROOF _____ WIRING _____ PLUMBING _____ HEATING _____

MORTGAGEE OR LOSS PAYEE INFORMATION

WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES,
ONLY AS LOSS PAYEES.

MORTGAGEE OR LOSS PAYEE: _____

ADDRESS: _____

LOSS INFORMATION

*****PRIOR CARRIER: _____

	YEAR	AMOUNT	DESCRIPTION OF LOSSES - DAMAGES REPAIRED? [] YES [] NO
LOSSES PAST 3 YEARS*:	_____	\$ _____	_____
*INDICATE "NONE" IF NO LOSSES.	_____	\$ _____	_____
	_____	\$ _____	_____

I UNDERSTAND THAT COVERAGE IS BOUND ONLY AFTER DIAMOND STATE INSURANCE CO, INC. ISSUES A WRITTEN BINDER CONFIRMATION.

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

Signature of Producer (Required)

Signature of Applicant (Required IF BINDING)

Date _____

Official Title (If Applicable)

Date