

Arbor Reciprocal Exchange - Application

Applicant Information:

Applicant		Insured Location			
Producer		Address			
Phone #	Fax #	Email			
Mailing Address					
Occupation				Date of Birth	Phone Number
Prior Carrier		Prior Exp Date		Prior Premium	Unrepaired Damage
Type	Cov. Part 1	Dist. to Coastal/Bay Waters		County	Fire Score

Coverage Part 1: Homeowner Information

Mortgage Information/Additional Interests:

Name	
Loan #	Address

General Information:

Usage		Construction		Foundation		Roof Material			
Built		SqFt		Num of Stories		Roof Type			
Under Construct?				Families		Daycare?		Business?	
Primary Heating				Woodstove?				Vacant?	
Protective Devices						Bars?			
Swimming Pool/Hot Tub/Trampoline							Animals on Premises		
Year Purchased						Gated Community			

Loss History:

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Limits:

Dwelling	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments
Wind Deductible		AOP Deductible	CPL Coverage	Loss Assessment	Ordinance or Law

Optional Coverage:

Extended Replacement Cost	Replacement Cost of Contents	Special Limits Coverage C
Extended Liability	Other Structures Rented	
Watercraft Liability		Golf Cart Coverage

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Personal Injury	Water Backup
Property Updated	
Heating , Plumbing , Roofing , Wiring	

Mandatory Exclusions:

Foundation (Settling, Cracking, Bulging...)	Animal Exclusion	Cosmetic Hail Damage to Roof Cov.

Optional Exclusions:

Roof Exclusion	Trampoline Exclusion	Swimming Pool Liability Exclusion

PAYMENT PLAN:

Direct Bill	Payment Options		
<input checked="" type="checkbox"/> Insured Billed <input type="checkbox"/> Mortgagee Billed	<input checked="" type="checkbox"/> Full Pay	<input type="checkbox"/> 2- Pay	<input type="checkbox"/> 4- Pay
Estimated Total Premium: <small>(Includes taxes and fees)</small>	Down Payment:		

NOTICE OF INSURANCE INFORMATION PRACTICES:

Personal Information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or the agent(s) may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or the surplus lines broker listed above for instructions on how to submit a request to us.

TERMS AND CONDITIONS:

Minimum of 25% earned premium required to bind this policy. Flat cancellations are not allowed. The policy fee is fully earned. This quote is only valid for 30 days from the quote entry date.

PRODUCER'S SIGNATURE: _____ **DATE:** _____

Producer: How long have you known the applicant? _____ Date agent last inspected property? _____

Applicant's Statement: With respect to the lines of coverage selected above, I have read the attached application, and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

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.