

HO-3 HOMEOWNER INSURANCE APPLICATION
GOOD FOR OWNER OCCUPIED, VACANT OR SEASONAL
PRINT, COMPLETE, AND FAX TO: 786-293-3669 OR EMAIL TO: SERVICE@USAINSURANCENET.COM
This Form is Property of USAINSURANCENET CORP a registered corporation. Total of 4 pages.

Needed Effective Date: _____

Applicant Name: First _____ Middle _____ Last _____

Email Address: _____ Fax Number: _____

Cell Number: _____

Mailing Address:

and Street or P.O. Box _____ Home Phone _____

UNIT # _____ Work Phone _____

City _____ State _____ Zip _____

Property Information:

Street Address _____ County: _____

City _____ State: _____ Zip: _____

Year Built _____ Occupancy: Owner or Tenant
CIRCLE ONE

Base Coverage:

Coverage A (Dwelling) Amount needed to rebuild the structure \$ _____

Coverage B (Other Structures) Must be 10% of Coverage A \$ _____

Coverage C (Personal Property) Minimum \$20,000 \$ _____

Coverage D (Loss Of Use) Must be 40% of Coverage C \$ _____

Coverage E (Personal Liability) \$100,000 or \$300,000 **CIRCLE ONE**

Coverage F (Medical Payments) \$1,000 \$2,000 \$3,000 **CIRCLE ONE**

AOP Deductible \$500 \$1,000 \$2,500 **CIRCLE ONE**

Hurricane Deductible 2% 5% 10% **CIRCLE ONE**

Endorsements:

Personal Property Replacement Cost YES or NO **CIRCLE ONE**

Loss Assessment \$1,000 STANDARD AVAILABILITY **no other option**

Extended Law & Ordinance YES or NO **CIRCLE ONE**

Structures Rented To Others: This maybe a 2nd or 3rd structure on your premises.

Amount of Coverage \$ _____

Describe Structure: _____

Dwelling Information:

Protection Class	<u>Do not worry about this</u>	Territory	<u>Do not worry about this</u>
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Construction Type	AP Over Frame/Masonry/Frame/Superior <u>CIRCLE ONE</u>	Building Code Grade	<u>Do not worry about this</u>
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Property Type	Apartment/Condo/Dwelling/Rowhouse/Townhouse <u>CIRCLE ONE</u>	Number of Families in your unit	_____
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Under Air Sq Ft	_____	Building Number of Stories/Floors	_____
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Dwelling Use	Primary/Seasonal/Secondary/Vacant <u>CIRCLE ONE</u>	Units in Fire Division	_____
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Indicate All Months Unoccupied If Any

Jan Feb Mar Apr May Jun Jul Aug
Sep Oct Nov Dec

Primary Heat Source: None/Gas/Electric/Central/Window **CIRCLE ONE** Professionally Installed: YES or NO **CIRCLE ONE**

Central Fire Alarm: YES or NO **CIRCLE ONE** Central Burglar Alarm: YES or NO **CIRCLE ONE**

Sprinkler System: Class A or Class B **CIRCLE ONE** Foundation Type: Closed/Open/Stilts/Pilings/Piers/Lattice **CIRCLE ONE**

Purchase Information:

Prior Insurance: YES or NO **CIRCLE ONE** New Home Purchase or Leased in Last 45 days: YES or NO **CIRCLE ONE**

Purchase Price: _____ Date of Purchase or Lease: _____

Market Value: _____ Replacement Value: _____

Update Information:

Year Electrical Updated: _____ Year Electrical Updated: _____

Year Heating Updated: _____ Year Heating Updated: _____

Year Roof Updated: _____ Year Roof Updated: _____

Year Plumbing Updated: _____ Year Plumbing Updated: _____

Wind/Hurricane/Loss Mitigation Credits:

Check if you have completed a Uniform Mitigation Verification Inspection Form for this property signed by a licensed contractor. **IF YOU HAVE COMPLETED THE MITIGATION INSPECTION FAX IT ALONG WITH THIS QUESTIONNAIRE TO 786-293-3669**

Roof Covering: Tile/Shingle/Concrete Slab/Tar & Gravel **CIRCLE ONE**

Roof Deck Attachment:

Roof to Wall Attachment:

Roof Geometry: Flat / Gable / Hip **CIRCLE ONE**

Gable End Bracing: (Not used in calculation ignore form value)

Wall Construction Type: (Not used in calculation ignore form value)

Secondary Water Resistance:

Opening Protection:

Terrain Exposure: Terrain C - 2% deductible (FL Only)

Miscellaneous Rating Information:

Distance To Fire Hydrant (ft) _____

Unit Located On Floor # _____

For a fast and competitive proposal please fax the completed form to:
FX: 786-293-3669 or Email to: service@usainsurancenet.com

Please advise our office after you have sent the form to make sure it was received.
PH: 786-293-3637 service@usainsurancenet.com

EXPECT RESULTS WITHIN 24 HRS. PLEASE CONTACT US WITH ANY QUESTIONS OR CONCERNS, THANK YOU.

Comments _____

