



APPLICATION FORM
Homeowner's Insurance

Date: Customer Code Policy No.

NAME OF APPLICANT SOCIAL SECURITY NO.
MAILING ADDRESS
CONTACT NO. (WORK) (Home) (Other)
COVERAGE PERIOD Effective Date Expiration Date

PHYSICAL ADDRESS
LOT DESCRIPTION
CONSTRUCTION OF DWELLING

A. Do you require Typhoon Coverage for your home? Yes No

B. Does your home have typhoon shutters installed? Yes No
If 'Yes', please check one: Metal / Aluminum Wooden

C. Which Deductible Option would like to choose?

Fire & Others

Typhoon

- None \$2,500 per Occurrence
\$250 per Occurrence \$5,000 per Occurrence
\$500 per Occurrence

Earthquake

Other Options (Upon Request)

- \$1,000 per Occurrence
\$2,500 per Occurrence
\$5,000 per Occurrence

D. Please indicate with whom you were previously insured:

E. Would you like your policy renewed automatically? Yes No

F. Please indicate the Lender / Mortgagee:

1st Mortgagee Address:
2nd Mortgagee Address:

G. Coverage Limits:

- 1. Dwelling \$
2. Contents \$
3. Personal Liability \$20,000 (Standard) \$ (Other)

H. Annual Premium \$

