

HOMEOWNER/DWELLING APPLICATION

JOSEPH KRAR & ASSOCIATES, INC. | JKRAR.COM | (860) 672- | P. O. BOX 580 | 1676 WEST ST. SOUTHTON, CT 06489

AGENCY _____ DATE (MM/DD/YYYY) _____ JKRA AGENCY CODE _____
PHONE _____ EMAIL _____ EFFECTIVE DATE _____

APPLICANT INFORMATION

APPLICANT NAME _____ CO APPLICANT NAME _____
EMAIL _____ PHONE _____
MAILING ADDRESS _____
LOCATION ADDRESS _____ SAME AS MAILING ADDRESS

COVERAGES & LIMITS OF LIABILITY

FORM DWELLING \$ _____ REPLACEMENT COST DWELLING \$ _____ RENOVATIONS \$ _____
HO3 HO4 HO6 HO_ OTHER STRUCTURES \$ _____ RENOVATION DESCRIPTION
• DP1 • DP3 DP_ PERSONAL PROPERTY \$ _____ • REPLACEMENT COST CONTENTS
LOSS OF USE \$ _____
DEDUCTIBLES PERSONAL LIABILITY _____ EACH OCCURENCE _____
ALL PERILS \$ _____ WIND/HAIL _____ MEDICAL PAYMENTS \$ _____ EACH PERSON _____ LOSS ASSESSMENT \$ _____

RATING & UNDERWRITING

PURCHASE/CLOSING DATE _____ PROTECTION DEVICE TYPE OIL STORAGE TANK LOCATION (check all that apply)
YEAR BUILT _____ SQ FT _____ SYSTEMS SMOKE TEMP BURGLAR INDOORS OUTDOORS
OF UNITS _____ ACREAGE _____ CENTRAL • • ON MASONRY FLOOR ABOVE GROUND
REPLACEMENT COST \$ _____ DIRECT • • NOT ON MASONRY FLOOR BELOW GROUND
PURCHASE PRICE \$ _____ LOCAL • • FIREPLACES (enter number) SWIMMING POOL
CONSTRUCTION TYPE / STRUCTURE TYPE RENOVATION TYPE PART COMP YEAR CHIMNEYS _____ YES NO
• FRAME DWELLING WIRING • _____ PREFAB _____ (check all that apply)
• MASONRY APART PLUMBING • _____ HEARTH _____ APPROVED FENCE
• MASONRY VENEER CONDO HEATING • _____ WOOD STOVE _____ DIVING BOARD
• FIRE RES ROWHOUSE ROOFING • _____ TRAMPOLINE ABOVE GROUND
• OTHER _____ OTHER _____ NUMBER OF AMPS _____ YES NO IN-GROUND
FOUNDATION OPEN CLOSED NONE CIRCUIT BREAKERS YES NO ANIMALS (if yes, specify answers in Additional Notes)
USAGE TYPE OCCUPANCY FUSES YES NO ANY ANIMALS KEPT ON PREMISES? YES NO
PRIMARY OWNER KNOB & TUBE WIRING YES NO BREEDING, FARM OR COMM. USE? YES NO
SECONDARY TENANT ALUMINUM WIRING YES NO ANY HISTORY OF AGGRESSION? YES NO
SEASONAL UNOCC CONDITION OF HOUSEKEEPING _____ ADDITIONAL QUESTIONS (if yes, specify in Additional Notes)
FARM VACANT CONDITION OF PLUMBING _____ ANY BUSINESS OR FARMING? YES NO
OTHER _____ # WKS RENTED _____ CONDITION OF ROOF _____ ANY RESIDENT EMPLOYEES? YES NO
NEIGHBORHOOD DISTANCE FORECLOSURES OR BANKRUPTCIES? YES NO
RESIDENTIAL HYDRANT _____ FT PC _____ HEAT TYPE NONE IS THE HOUSE FOR SALE? YES NO
MIXED FIRE STATION _____ MI PRIMARY FORMERLY COMM STRUCTURE? YES NO
COMMERCIAL COAST _____ MI SECONDARY ANY LAPSE IN COVERAGE? YES NO
OTHER _____ CANCELLED OR RENOVATED IN LAST 3 YRS? YES NO
IS DWELLING UNDER CONSTRUCTION? YES NO

ADDITIONAL COVERAGES REQUESTED (Coverages will be added to quote for an additional premium if available through product or carrier)

ADDITIONAL REPLACEMENT COST _____% FUNGUS AND MOLD \$ _____ PERSONAL INJURY \$ _____
BUILDING ORD OR LAW COVERAGE _____% IDENTITY FRAUD EXP _____ EQUIPMENT BREAKDOWN YES NO
WATER BACKUP OF SEWERS & DRAINS _____

ADDITIONAL COVERAGES REQUEST (CONTINUED)

SCHEDULED PERSONAL PROPERTY forward itemized description of each item along with its class & appraisals or bill of sale within 3 years of age*

LOCATION WHERE PROPERTY IS KEPT _____ SAME AS MAILING ADDRESS

IS PROPERTY USED PERSONALLY OR COMMERCIALY? YES NO

OBJECT(S)	TOTAL \$ VALUE	# OF ITEMS	OBJECT(S)	TOTAL \$ VALUE	# OF ITEMS
BICYCLES/SEGWAY			JEWELLERY MEN'S		
CAMERA'S PRIVATE USE			JEWELLERY WOMAN'S		
CAMERA'S PROFESSIONAL USE			MUSICAL INSTRUMENTS		
FINE ARTS WITH BREAKAGE			PENS		
FINE ARTS WITHOUT BREAKAGE			POSTAGE STAMPS/COIN		
FIREARMS			SILVERWARE		
FURS ACV			TOOLS PERSONAL USE		
HEARING AIDS					
GLASSES (OPTICAL)			UNLISTED ITEM specify in additional information		

LOSS HISTORY NONE

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT	OPEN/CLOSED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRIOR COVERAGE NONE

PRIOR CARRIER _____ PRIOR POLICY NUMBER _____ EXPIRATION DATE _____

ADDITIONAL INTEREST NONE

INT # _____ MORTGAGEE _____ ADDITIONAL INTEREST _____	INT # _____ MORTGAGEE _____ ADDITIONAL INTEREST _____
LOAN NUMBER _____ NAME _____	LOAN NUMBER _____ NAME _____
ADDRESS _____ • PAYOR _____	ADDRESS _____ • PAYOR _____

ADDITIONAL NOTES

APPLICANT'S SIGNATURE _____

PRODUCER'S SIGNATURE _____

DATE _____

DATE _____

