



# HOMEOWNER/DWELLING APPLICATION

JOSEPH KRAR & ASSOCIATES, INC. | JKRAR.COM | (860) 628-3967 | P. O. BOX 580 | 1676 WEST ST. SOUTHTON, CT 06489

AGENCY \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_ JKRAR/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 \$ \_\_\_\_\_

☐ HO-3 ☐ HO-4 ☐ HO-6 ☐ HO-\_\_\_\_ OTHER STRUCTURES \$ \_\_\_\_\_ RENOVATION DESCRIPTION \_\_\_\_\_

☐ DP-1 ☐ DP-3 ☐ 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 \_\_\_\_\_

YEAR BUILT \_\_\_\_\_ SQ FT \_\_\_\_\_

# OF UNITS \_\_\_\_\_ ACREAGE \_\_\_\_\_

REPLACEMENT COST \$ \_\_\_\_\_

PURCHASE PRICE \$ \_\_\_\_\_

### PROTECTION DEVICE TYPE

SYSTEM SMOKE TEMP BURGLAR

CENTRAL ☐ ☐ ☐

DIRECT ☐ ☐ ☐

LOCAL ☐ ☐ ☐

### OIL STORAGE TANK LOCATION (check all that apply)

INDOORS ☐ OUTDOORS ☐

☐ ON MASONRY FLOOR ☐ ABOVE GROUND

☐ NOT ON MASONRY FLOOR ☐ BELOW GROUND

### FIREPLACES (enter number)

CHIMNEYS \_\_\_\_\_

PRE-FAB \_\_\_\_\_ (check all that apply)

HEARTH \_\_\_\_\_ ☐ APPROVED FENCE

WOOD STOVE \_\_\_\_\_ ☐ DIVING BOARD

☐ SLIDE

☐ ABOVE GROUND

☐ IN-GROUND

### CONSTRUCTION TYPE STRUCTURE TYPE

☐ FRAME ☐ DWELLING

☐ MASONRY ☐ APART

☐ MASONRY VENEER ☐ CONDO

☐ FIRE RES ☐ ROWHOUSE

☐ OTHER \_\_\_\_\_ ☐ OTHER \_\_\_\_\_

### RENOVATION TYPE PART COMP YEAR

WIRING ☐ ☐ \_\_\_\_\_

PLUMBING ☐ ☐ \_\_\_\_\_

HEATING ☐ ☐ \_\_\_\_\_

ROOFING ☐ ☐ \_\_\_\_\_

NUMBER OF AMPS \_\_\_\_\_

FOUNDATION ☐ OPEN ☐ CLOSED ☐ NONE

CIRCUIT BREAKERS ☐ YES ☐ NO

FUSES ☐ YES ☐ NO

KNOB & TUBE WIRING ☐ YES ☐ NO

ALUMINUM WIRING ☐ YES ☐ NO

### USAGE TYPE

☐ PRIMARY

☐ SECONDARY

☐ SEASONAL

☐ FARM

☐ OTHER \_\_\_\_\_

### OCCUPANCY

☐ OWNER

☐ TENANT

☐ UNOCC

☐ VACANT

# WKS RENTED \_\_\_\_\_

CONDITION OF HOUSEKEEPING \_\_\_\_\_

CONDITION OF PLUMBING \_\_\_\_\_

CONDITION OF ROOF \_\_\_\_\_

ROOF MATERIAL \_\_\_\_\_

### NEIGHBORHOOD

☐ RESIDENTIAL

☐ MIXED

☐ COMMERCIAL

☐ OTHER \_\_\_\_\_

### DISTANCE TO

HYDRANT \_\_\_\_\_ FT PC \_\_\_\_\_

FIRE STATION \_\_\_\_\_ MI

COAST \_\_\_\_\_ MI

### HEAT TYPE ☐ NONE

PRIMARY \_\_\_\_\_

SECONDARY \_\_\_\_\_

### ANIMALS (If yes, specify answers in Additional Notes)

ANY ANIMALS KEPT ON PREMISES? ☐ YES ☐ NO

BREEDING, FARM OR COMM. USE? ☐ YES ☐ NO

ANY HISTORY OF AGGRESSION? ☐ YES ☐ NO

NOTE BREED(S) & QUANTITY: \_\_\_\_\_

### ADDITIONAL QUESTIONS (if yes, specify in Additional Notes)

ANY BUSINESS OR FARMING? ☐ YES ☐ NO

ANY RESIDENT EMPLOYEES? ☐ YES ☐ NO

FORECLOSURES OR BANKRUPTCIES? ☐ YES ☐ NO

IS THE HOUSE FOR SALE? ☐ YES ☐ NO

FORMERLY A COMM. STRUCTURE? ☐ YES ☐ NO

ANY LAPSE IN COVERAGE? ☐ YES ☐ NO

CANC. OR NON-REN. 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 REQUESTED (CONTINUED)****SCHEDULED PERSONAL PROPERTY** \*please forward itemized description of each item along with its class & appraisals or bill of sale this is within 3 years of age\*LOCATION WHERE PROPERTY IS KEPT \_\_\_\_\_ ☐ SAME AS MAILING ADDRESSIS PROPERTY USED PROFESSIONALLY 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/COINS		
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** ☐ NONEINT # \_\_\_\_\_ ☐ MORTGAGEE ☐ ADDITIONAL INTERESTINT # \_\_\_\_\_ ☐ MORTGAGEE ☐ ADDITIONAL INTEREST

LOAN NUMBER \_\_\_\_\_ NAME \_\_\_\_\_

LOAN NUMBER \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ☐ PAYORADDRESS \_\_\_\_\_ ☐ PAYOR**ADDITIONAL NOTES**

APPLICANT'S SIGNATURE \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE SEND COMPLETED APPLICATION TO [EMAILREC@JKRAR.COM](mailto:EMAILREC@JKRAR.COM)