

HOMEOWNERS PROGRAM APPLICATION

Instruction to the Producer

**MAKE SURE THE APPLICATION IS COMPLETE - ALL QUESTIONS MUST BE
ANSWERED**

INCOMPLETE APPLICATIONS WILL NOT BE BOUND OR ISSUED!!!!

Have you -

Obtained the insured's signature on the application, the three limitation endorsements,
Animal Exclusion and Firearm Exclusion?

Attached photographs of the front and rear of the dwelling?

Completed the wood stove questionnaire and attached photos of the stove? (If applicable)

Attached your agency check for the net premium (premium shown on the rate page less 10%)

IF THE RISK IS ACCEPTABLE, YOU WILL RECEIVE A BINDER BY RETURN MAIL.

BINDERS OR EVIDENCES OF INSURANCE CAN ONLY BE ISSUED BY DSU!!!

IF THE RISK DOES NOT QUALIFY, WE WILL NOTIFY YOU PROMPTLY.

NO COVERAGE WILL BE BOUND UNTIL IT IS ACCEPTED BY D.S.U.

DESERT SPECIALTY UNDERWRITERS, INC.
9609 B Comanche NE
Albuquerque, NM 87111
Phone 505-332-4600 Fax 505-332-4608

EFF. DATE: _____

HOMEOWNERS APPLICATION

(for Values up to \$600,000)
(for Values over \$600,000 - use High Value Application)
IF SECONDARY / SEASONAL OR TENANT OCCUPIED - USE DWELLING FIRE APPLICATION

QUOTE: _____ BIND: _____ MORTGAGEE PAID: _____ PREMIUM QUOTED: _____

Applicant's Name / Mailing Address: _____ Agent's Name and Address: _____

FORM HO-3 COVERAGES

Building - Replacement Cost Personal Liability (each occurrence) - \$100,000
Personal Property - Actual Cash Value Medical Payments - \$1,000
Roof - Actual Cash Value

DEDUCTIBLES: Dwelling Values up to \$150,000. - \$500 ALL PERILS
Dwelling Values over \$150,000 - Various

LIMITS OF LIABILITY REQUESTED

Dwelling: _____ Other Structures: 10% of Dwelling Amount
Personal Property: 40% of Dwelling Amount Loss of Use: 5% of Dwelling Amount

Name / Address: [] Mortgagee [] Second Mortgagee [] Contract Seller

Location of property if other than above, and/or legal description:

Protection Class: _____ **County:** _____

	Applicant	Co-Applicant
Social Security Number - MANDATORY:	_____	_____
Date of Birth	_____	_____
Occupation and # of years	_____	_____
Marital Status:	_____	_____

ALL QUESTIONS MUST BE ANSWERED

- Total number of residents in household including children: _____
- Date applicant moved into present residence: _____
- Years at prior residence: _____
- No. of miles to Fire Dept: _____ No of feet to Fire Hydrant: _____
- Does Applicant live in dwelling as Owner?: [] YES [] NO
- Is the dwelling a Primary Residence [] Yes [] NO
- Year dwelling was purchased (Mo/Yr): _____ and Current Market Value: \$ _____
- Total living area square footage: _____ and year dwelling was built: _____
- No. of stories: _____ Building Construction: _____ Roof Construction: _____
- Are there protective devices in the home? _____ If Yes, explain: _____

11. Does the insured have an alternative or supplemental heating source? YES NO
 (Excluding built in brick fireplaces):
 If Yes, explain: _____ Wood Burning Stove* _____ Other (specify) _____
 (wood stove questionnaire must be completed and photos attached)

12. Have any of the following been updated or added since original construction: (this section must be completed)

_____ Major Addition	Completed by: _____	Date: _____
_____ Roof	Completed by: _____	Date: _____
_____ Heating /Cooling	Completed by: _____	Date: _____
_____ Plumbing	Completed by: _____	Date: _____
_____ Electrical	Completed by: _____	Date: _____
_____ Other	Completed by: _____	Date: _____

13. Business of farming conducted on residence premises? (Including Day Care/Child Care) Yes No

14. Other Liability exposures (water craft, horses, dog) trampolines are not acceptable. Yes No
 EXPLAIN IN DETAIL: _____

15. Any Swimming Pool Yes No
 If Yes, is it fenced? Yes No
 Is there a diving board? Yes No

16. Is residence premises more than 1 acre? If Yes, how many? _____ Yes No

17. Are there any non residential property (schools, churches, stores, gas stations etc)?
 Within 50 feet of property to be insured Yes No

18. Dwelling now vacant / unoccupied or under construction? If Yes, occupancy date: _____ Yes No

19. Present or most recent Homeowners, Fire or Renters Insurance carried in the past 5 years.
 If none, indicate none: Company: _____ Policy Number: _____

20. Does this application pertain to the same property location insured by the prior carrier (if any) Yes No

21. In the past 5 years have you been rejected, cancelled or non renewed for insurance similar to
 the coverage applied for on this application? Yes No

22. 5 YEAR LOSS HISTORY: including losses at present and prior residences (list all losses by
 Theft, Fire, Wind, Hail, Water, Glass and CPL including Dog Bites)

Description	Date	Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Has all damage from the above losses been repaired? Yes No

EXPLAIN ALL "YES" ANSWERS IN DETAIL:

CREDIT REPORT - The applicant understands and agrees that a credit report may be ordered for purposes of underwriting the insurance requested in this application.

NON-BINDER - I understand that no insurance is bound hereunder and that no insurance shall be effective until this application is accepted by the company.

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

DATE

_____ I have inspected the premises. _____ I have not inspected the premises.

Is this a new insured to your agency? YES No

The attached limitation / exclusion endorsements #1, #2, #3, #4 and #5, form a part of this application and must be signed by the insured prior to the company considering, accepting or binding and coverage.

Endorsement #1 - CM101

**SPECIAL LOSS ADJUSTMENT PROVISION - Damage to Roofs of Covered Buildings
ACTUAL CASH VALUE BASIS**

As respects Coverage A - Dwelling and Coverage B - Appurtenant Structures, it is agreed that notwithstanding any other terms of this policy, that all physical loss to the roof of the dwelling or the roofs of appurtenant structures arising out of the perils of windstorm and hail shall be adjusted on the basis of ACTUAL CASH VALUE at the time of loss, subject to a minimum adjustment of 50% of the replacement cost of the loss.

Endorsement #2 - CM102

LIMITATION OF CERTAIN PROPERTY COVERAGES

- 1) As respects Coverage D - Loss of Use, it is agreed that notwithstanding anything to the contrary in this policy, the limit afforded for this coverage will not exceed 5% of the limit applicable to Coverage A - Dwelling.
- 2) As respects the following Additional Coverages:
 - 1 - Debris Removal
 - 2 - Trees, Shrubs and Other Plants
 - 4 - Fire Department Service Charge
 - 6 - Credit Card, Fund Transfer Card, Forgery and Counterfeit Money
 - 7 - Loss Assessment

Payment of any loss under there Additional Coverages does not increase the Limit of Liability applying under Coverages A, B, C, and D.

Endorsement #3 - CM158

ABSOLUTE ANIMAL EXCLUSION

It is agreed that such insurance as is afforded by this policy does not apply to any claim or any suit arising out of and/or connected with and/or, caused by and/or, is alleged to have been caused in whole or in part by any animal owned by, leased to, or in the care, custody or control of the insured.

Endorsement #4 - CM171

WINDSTORM AND HAIL LIMITATION

We will not pay for loss of or damage to the interior of any building or structure caused by or resulting from rain, snow, sleet, ice, sand or dust whether driven by wind or not unless the building or structure first sustains damage by a Covered Cause of Loss to its roof or walls through which the rain, snow, sleet, ice, sand or dust enters.

Endorsement #5 - CM183

ABSOLUTE EXCLUSION OF FIREARMS

It is understood and agreed that Coverage E - Personal Liability and Coverage F - Medical Payments to others do not apply to "bodily injury" or "property damage" arising out of the use, ownership or maintenance of any firearms.

I have read and understand Limitation / Exclusion Endorsement #1 though #5 above.

Accepted by:

Named Insured

Date

WOOD / COAL STOVE QUESTIONNAIRE

Insured: _____ **Policy Number:** _____

The following questions should be answered in full by the Applicant/Insured so that we may properly evaluate the wood/coal stove exposure. If more than one stove is in the home, we will need a separate form completed for each unit.

1. GENERAL INFORMATION

Manufacturer's Name: _____ Model Name / Number: _____
 Is the stove U.L. approved (look for a U.L. label on unit): Yes No
 Type of unit: _____ Freestanding _____ Fireplace Insert
 Construction: _____ Cast Iron _____ Sheet Metal _____ Plate Steel
 Use: _____ Primary Heat _____ Supplemental Heat _____ Occasional Heat
 Fuel Used: _____ Wood _____ Coal _____ Other (explain) _____
 How often is stove, stovepipe and chimney cleaned? _____
 By Whom? _____

2. INSTALLATION

Who installed stove? _____ Date Installed? _____
 Where is stove in home? _____
 Installation inspected by local fire department or building inspector? Yes No
 If Yes, when? _____
 Clearances: Distance of wood stove: _____ Bottom to floor _____ Stove top to ceiling
 _____ To nearest wall _____ To nearest furniture
 Heat shields on wall(s) Yes No If Yes, provide dimensions, thickness and type of shield material: _____
 What is the amount of airspace (volume) in inches between wall and shield? _____
 If None, what is the wall constructed of? _____
 Is stove situated on a pad? Yes No If Yes, material used: _____
 Distance of pad edge to stove (inches) _____ Sides _____ Front _____ Rear
 If No, what is the foundation materials? _____

3. STOVE PIPE INFORMATION

How is stove vented to outside? _____ Built into fireplace _____ Stovepipe thru wall*
 _____ Stovepipe into chimney _____ Stovepipe thru ceiling*
 If (*) does stove pipe pass thru ventilated thimble? Yes No.
 If Yes, provide diameter of thimble (in inches): _____
 Stovepipe Sizes: Diameter _____; Length _____ (ft); No. of Elbows _____; Distance of horiz. Section to ceiling _____ (in); Distance of vent section to wall _____ (in).
 *Are pipe sections/joints fastened with metal screws? Yes No

4. CHIMNEY INFORMATION

Type of Construction: _____ Metalbestos _____ Brick/Block _____ Triple-Wall
 _____ Metal _____ Other, describe _____
 If Brick/Block, what is liner material? _____ Clay Tile _____ Steel
 _____ Other, Describe _____
 Number of heating units, _____ connected to same chimney?

 INSURED'S SIGNATURE

 Date