

*Desert Specialty Underwriters Inc.*

9609 Comanche NE Ste. B

Albuquerque, NM 87111

Phone: (505) 332-4600

Fax: (505) 332-4608

Producer Name \_\_\_\_\_

and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone & Fax: \_\_\_\_\_

**Application for High Value Homeowners, Dwelling Fire, & Condominium**

Applicant(s) Information

Name and Address: \_\_\_\_\_ Location of Risk (if, different): \_\_\_\_\_

Of Applicant(s): \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

Social Security #: \_\_\_\_\_ Protection Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_

Occupation / Position: \_\_\_\_\_

**Mortgagee(s):**

1st \_\_\_\_\_ 2nd \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

**Limits:**

Dwelling \_\_\_\_\_ CPL \_\_\_\_\_

Other Structures \_\_\_\_\_ Medical Payments \_\_\_\_\_

Personal Property \_\_\_\_\_ Loss of Use \_\_\_\_\_

**Occupancy:**

Owner:  Primary  Secondary  Tenant

Condo  Rental  Seasonal  Homeowners

Vacant, For Sale, Other (Please explain) \_\_\_\_\_

**Underwriting Information:**

Current Market Value \_\_\_\_\_ Construction \_\_\_\_\_

Year Built \_\_\_\_\_ If Stucco, any EIFS \_\_\_\_\_

Year Purchased \_\_\_\_\_ Roof Composition \_\_\_\_\_

Number of Stories \_\_\_\_\_ Primary Heat Source \_\_\_\_\_

Secondary Heat Source \_\_\_\_\_

Distance to Fire Station \_\_\_\_\_ Distance to Hydrant \_\_\_\_\_

Type of Central Station Fire/Burglar System \_\_\_\_\_

**Underwriting Information (Contd.)**

Other Protective Devices:  Fire ext.  Smoke detectors  Sprinkler system  
Have There Been any Updates in past 15 years (if so, elaborate) \_\_\_\_\_

Any Business or Farming Conducted on Premises \_\_\_\_\_

Is There a Swimming Pool (Provide Details) \_\_\_\_\_

Any Other Liability Exposures (docks, watercraft, trampolines, etc.) \_\_\_\_\_

Is there a caretaker or is the risk regularly inspected by the agent or insured \_\_\_\_\_  
How often \_\_\_\_\_

**Loss History:**

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

**Contact Information for Inspection (Name, Phone)**

\_\_\_\_\_

**Other  
Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, the applicant certifies that the above information is true and accurate to the best of their knowledge, at the time of signature.

The applicant also acknowledges and agrees, via their signature, that a credit report may be ordered for purposes of underwriting the insurance requested in the application.

The applicant and producer acknowledge, via their signatures, that no insurance is bound hereunder and that no insurance shall be effected until this application is approved by the Underwriters. There is no binding authority, either implicitly or overtly, granted to the producer on either new or renewal policies.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date