

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

Builder's Risk \_\_\_\_\_ Completion Date: \_\_\_\_\_

## DWELLING FIRE APPLICATION

**IF DWELLING IS OWNER OCCUPIED PRIMARY RESIDENCE - USE HOMEOWNERS APPLICATION**

Applicant's Name / Mailing Address:

Producer's Name and Address:

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

Social Security # (Mandatory):  
Date of Birth:

**Applicant**

**Co-Applicant**

Occupation / # of Years:

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

Protection Class:

County:

ZIP CODE:

Name / Address:

Mortgagee

Second Mortgagee

Contract Seller

### LIMITS OF LIABILITY (All Coverage ACV)

A. Dwelling

D. Other Structures

C. Personal Property

F. Liability

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_ \$300,000.(if Available)

\_\_\_\_\_ \$100,000.

\_\_\_\_\_ \$50,000.

(Medical Payments is not available)

### MANDATORY UNDERWRITING INFORMATION

Market Value: \$ \_\_\_\_\_ Replacement Cost: \_\_\_\_\_

Construction: \_\_\_\_\_

If stucco, is it "EIFS"  Yes  No

Year Built: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_ # Families: \_\_\_\_\_ # Stories: \_\_\_\_\_ Roof Composition: \_\_\_\_\_

OCCUPIED BY: \_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Unoccupied \_\_\_\_\_ Vacant

USE: \_\_\_\_\_ Seasonal \_\_\_\_\_ Non Seasonal \_\_\_\_\_ Farm \_\_\_\_\_ For Sale

STRUCTURE TYPE: \_\_\_\_\_ Dwelling \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Townhouse \_\_\_\_\_ Rowhouse

Primary Heat Source: \_\_\_\_\_ Wood Stove? \_\_\_\_\_ NO \_\_\_\_\_ YES - Complete Questionnaire  
"Radiant Heat" \_\_\_\_\_ NO \_\_\_\_\_ YES Type: \_\_\_\_\_

CONDITION: \_\_\_\_\_ Dwelling \_\_\_\_\_ Housekeeping

LOCATION: \_\_\_\_\_ Within City \_\_\_\_\_ Unprotected Suburb \_\_\_\_\_ Protected Suburb \_\_\_\_\_ First Prot Dist.  
\_\_\_\_\_ Residential Area \_\_\_\_\_ Commercial Area

DISTANCE TO: Fire Station \_\_\_\_\_ FIRE HYDRANT \_\_\_\_\_

**MANDATORY UNDERWRITING INFORMATION CONTINUED**

**EXPLAIN ALL "YES" RESPONSES BELOW:**

	<b>YES</b>	<b>NO</b>
Any Business conducted on premises?-----	_____	_____
Any Fire/Smoke/Sprinkler or Burglar protection devices?(furnish specifics)-----	_____	_____
Is there a Swimming Pool on the premises?-----	_____	_____
If Yes, is it fenced?-----	_____	_____
Is there a Diving Board?-----	_____	_____
Has the wiring been updated in the last 15 years?-----	_____	_____
Has the plumbing been updated in the last 15 years?-----	_____	_____
Has the heating been updated in the last 15 years?-----	_____	_____
Has roof been replaced in the last 15 years?-----	_____	_____
Is the Dwelling location on a hillside or slope?-----	_____	_____
Is the Dwelling under construction or renovation?-----	_____	_____
Is the Dwelling near any commercial exposures?-----	_____	_____
Has insurance ever been declined/canceled/non-renewed (in the last 3 years)--	_____	_____
Is the owner or a relative resident on the premises?-----	_____	_____

**OTHER STRUCTURES**

Description: \_\_\_\_\_ Limit: \_\_\_\_\_  
 Construction: \_\_\_\_\_

**LOSS HISTORY (at least 3 years)**

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PREVIOUS CARRIER:**

**REMARKS:**

**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 approved by the company.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

I have inspected the premises

I have not inspected the premises

**NOTICE: PHOTOS OF DWELLING (FRONT & BACK) ARE REQUIRED WITHIN 30 DAYS OF BINDING**

