

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