



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 _____ YES NO

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 _____

CIRCUIT BREAKERS YES NO

FUSES YES NO

KNOB & TUBE WIRING YES NO

ALUMINUM WIRING YES NO

CONDITION OF HOUSEKEEPING _____

CONDITION OF PLUMBING _____

CONDITION OF ROOF _____

ROOF MATERIAL _____

HEAT TYPE NONE

PRIMARY _____

SECONDARY _____

FOUNDATION OPEN CLOSED NONE

USAGE TYPE OCCUPANCY

PRIMARY OWNER

SECONDARY TENANT

SEASONAL UNOCC

FARM VACANT

OTHER _____ # WKS RENTED _____

NEIGHBORHOOD DISTANCE TO

RESIDENTIAL HYDRANT _____ FT PC _____

MIXED FIRE STATION _____ MI

COMMERCIAL COAST _____ MI

OTHER _____

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 ADDRESS

IS 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 NONE

INT # _____ MORTGAGEE ADDITIONAL INTEREST

INT # _____ MORTGAGEE ADDITIONAL INTEREST

LOAN NUMBER _____ NAME _____

LOAN NUMBER _____ NAME _____

ADDRESS _____ PAYOR

ADDRESS _____ PAYOR

ADDITIONAL NOTES

APPLICANT’S SIGNATURE _____

PRODUCER’S SIGNATURE _____

DATE _____

DATE _____

