



HOME/DWELLING/AUTO/UMBRELLA APPLICATION

AGENCY _____ DATE (mm/dd/yyyy) _____ JKRAR/AGENCY CODE _____
 PHONE _____ EMAIL _____ EFFECTIVE DATE _____

SELECT THE COVERAGE YOU'RE LOOKING FOR: HOMEOWNERS DWELLING AUTO UMBRELLA

APPLICANT INFORMATION

APPLICANT NAME _____ D.O.B. _____ GENDER _____
 OCCUPATION _____ LEVEL OF EDUCATION _____ MARITAL STATUS _____

CO-APPLICANT INFORMATION

CO-APPLICANT NAME _____ D.O.B. _____ GENDER _____
 OCCUPATION _____ LEVEL OF EDUCATION _____ MARITAL STATUS _____

ADDITIONAL INFORMATION

MAILING ADDRESS _____ EMAIL _____ PHONE _____
 LOCATION ADDRESS _____ SAME AS MAILING ADDRESS
 YEARS AT RESIDENCE (if less than 3 years, provide previous address) _____

HOMEOWNERS/DWELLING SECTION

COVERAGES & LIMITS OF LIABILITY

FORM	DWELLING \$ _____	<input type="checkbox"/> REPLACEMENT COST DWELLING	RENOVATIONS \$ _____
<input type="checkbox"/> HO-3 <input type="checkbox"/> HO-4 <input type="checkbox"/> HO-6 <input type="checkbox"/> HO-___	OTHER STRUCTURES \$ _____		RENOVATION DESCRIPTION _____
<input type="checkbox"/> DP-1 <input type="checkbox"/> DP-3 <input type="checkbox"/> DP-___	PERSONAL PROPERTY \$ _____	<input type="checkbox"/> 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 _____	PROTECTION DEVICE TYPE	OIL STORAGE TANK LOCATION (check all that apply)
YEAR BUILT _____ SQ FT _____	SYSTEM SMOKE TEMP BURGLAR	INDOORS
# OF UNITS _____ ACREAGE _____	CENTRAL <input type="checkbox"/> DIRECT <input type="checkbox"/> LOCAL <input type="checkbox"/>	<input type="checkbox"/> ON MASONRY FLOOR <input type="checkbox"/> NOT ON MASONRY FLOOR
REPLACEMENT COST \$ _____		OUTDOORS
PURCHASE PRICE \$ _____		<input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> BELOW GROUND
CONSTRUCTION TYPE	STRUCTURE TYPE	FIREPLACES (enter number)
<input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> FIRE RES <input type="checkbox"/> OTHER _____	<input type="checkbox"/> DWELLING <input type="checkbox"/> APART <input type="checkbox"/> CONDO <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> OTHER _____	CHIMNEYS _____ PRE-FAB _____ HEARTHES _____ WOOD STOVE _____
FOUNDATION <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> NONE	RENOVATION TYPE PART COMP YEAR	SWIMMING POOL
	WIRING _____ PLUMBING _____ HEATING _____ ROOFING _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	NUMBER OF AMPS _____	(check all that apply)
	CIRCUIT BREAKERS _____ FUSES _____	<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN-GROUND
USAGE TYPE	OCCUPANCY	TRAMPOLINE
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> FARM <input type="checkbox"/> OTHER _____	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UNOCC <input type="checkbox"/> VACANT <input type="checkbox"/> # WKS RENTED _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
NEIGHBORHOOD	DISTANCE TO	ADDITIONAL QUESTIONS (if yes, specify in Additional Notes)
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MIXED <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____	HYDRANT _____ FT PC _____ FIRE STATION _____ MI COAST _____ MI	ANY BUSINESS OR FARMING? <input type="checkbox"/> YES <input type="checkbox"/> NO
	HEAT TYPE <input type="checkbox"/> NONE	ANY RESIDENT EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO
	PRIMARY _____ SECONDARY _____	FORECLOSURES OR BANKRUPTCIES? <input type="checkbox"/> YES <input type="checkbox"/> NO
DEBRIS ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF GARAGED CARS _____	IS THE HOUSE FOR SALE? <input type="checkbox"/> YES <input type="checkbox"/> NO
AUTOMATIC WATER SHUTOFF? <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF NON-GARAGED CARS _____	FORMERLY A COMM. STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	PAPERLESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY LAPSE IN COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
		CANC. OR NON-REN. IN LAST 3 YRS? <input type="checkbox"/> YES <input type="checkbox"/> NO
		IS DWELLING UNDER CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO
		ANY PETS? note breed(s) _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
		IS THE PROPERTY IN A WAVE WASH, SINKHOLE, POLLUTION, LANDSLIDE, OR CAVE-IN AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO
		IS PROPERTY WITH COMMERCIAL EXPOSURES OF NON-INCIDENTAL BUSINESS ON THE PREMISES OR WITHIN 100 FT OF A COMMERCIAL/INDUSTRIAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> 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 \$ _____



HOME/DWELLING/AUTO/UMBRELLA APPLICATION

PERSONAL AUTO SECTION

FORWARD ITEMIZED DESCRIPTION OF EACH ITEM ALONG WITH ITS CLASS & APPRAISALS OR BILL OF SALE (if within 3 years)

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
ADDITIONAL DRIVERS <i>(name, DOB, gender, & relation to named insured)</i>				
AUTO VINS <i>(year, make, & model of each car)</i>				
VEHICLE PURCHASE DATE				
IS VEHICLE EVER RENTED/LEASED TO OTHERS FOR A FEE?				
IS THE VEHICLE WEIGHT BETWEEN 14K-16K AND USED TO SERVICE A FARM/ RESIDENCE PREMISES?				
IS A CAMPER UNIT INCLUDED?				
OWNED, LEASED OR LOAN				
ANNUAL MILEAGE				
YEARS EXPERIENCE DRIVING				
DRIVERS LICENSE STATUS				
LICENSE STATE				
LICENSE NUMBER				
DO ANY OPERATORS HAVE A COMPANY CAR?				
# OF YEARS INSURED HAS HAD UNINTERRUPTED/CONTINUOUS INSURANCE?				
YEARS WITH PRIOR CARRIER				
COVERAGE DESIRED	BI: \$ _____	BI: \$ _____	BI: \$ _____	BI: \$ _____
	PD: \$ _____	PD: \$ _____	PD: \$ _____	PD: \$ _____
	COMP: DED \$ _____	COMP: DED \$ _____	COMP: DED \$ _____	COMP: DED \$ _____
	COL: DED \$ _____	COL: DED \$ _____	COL: DED \$ _____	COL: DED \$ _____
	RR: \$ _____	RR: \$ _____	RR: \$ _____	RR: \$ _____
	ROADSIDE: \$ _____	ROADSIDE: \$ _____	ROADSIDE: \$ _____	ROADSIDE: \$ _____

PERSONAL UMBRELLA SECTION

IF YOU'RE LOOKING FOR AN UMBRELLA POLICY TO BE BUNDLED, PLEASE SUBMIT A COMPLETED [ACORD 83](#) TO EMAILREC@JKRAR.COM.

ADDITIONAL INFORMATION SECTION

LOSS HISTORY NONE

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT	OPEN/CLOSED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRIOR COVERAGE NONE

ADDITIONAL INTEREST NONE

PRIOR CARRIER _____ INT # _____ MORTGAGEE ADDITIONAL INTEREST LOAN NUMBER _____
 PRIOR POLICY NUMBER _____ NAME _____
 EXPIRATION DATE _____ ADDRESS _____ PAYOR

ADDITIONAL NOTES

APPLICANT'S SIGNATURE _____ DATE _____ PRODUCER'S SIGNATURE _____ DATE _____

PLEASE SEND COMPLETED APPLICATION TO EMAILREC@JKRAR.COM