



# HOME/DWELLING/AUTO/UMBRELLA APPLICATION

AGENCY \_\_\_\_\_  
PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE (mm/dd/yyyy) \_\_\_\_\_

JKRAR/AGENCY CODE \_\_\_\_\_

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 \$ \_\_\_\_\_  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 OCCURRENCE LOSS ASSESSMENT \$ \_\_\_\_\_

ALL PERILS \$ \_\_\_\_\_ WIND/HAIL \_\_\_\_\_ MEDICAL PAYMENTS \$ \_\_\_\_\_ EACH PERSON

**RATING & UNDERWRITING**

PURCHASE/CLOSING DATE \_\_\_\_\_

**PROTECTION DEVICE TYPE****OIL STORAGE TANK LOCATION (check all that apply)**

YEAR BUILT \_\_\_\_\_ SQ FT \_\_\_\_\_

SYSTEM SMOKE TEMP BURGLAR

**OUTDOORS**

# OF UNITS \_\_\_\_\_ ACREAGE \_\_\_\_\_

CENTRAL    ON MASONRY FLOOR ABOVE GROUND

REPLACEMENT COST \$ \_\_\_\_\_

DIRECT    NOT ON MASONRY FLOOR BELOW GROUND

PURCHASE PRICE \$ \_\_\_\_\_

LOCAL   

WOOD STOVE \_\_\_\_\_

**SWIMMING POOL****CONSTRUCTION TYPE** **STRUCTURE TYPE****RENOVATION TYPE** PART COMP YEAR YES  NO FRAME  DWELLINGWIRING   \_\_\_\_\_*(check all that apply)* MASONRY  APARTPLUMBING   \_\_\_\_\_ APPROVED FENCE MASONRY VENEER  CONDOHEATING   \_\_\_\_\_ DIVING BOARD FIRE RES  ROWHOUSEROOFING   \_\_\_\_\_ SLIDE OTHER  OTHER \_\_\_\_\_

NUMBER OF AMPS \_\_\_\_\_

 ABOVE GROUNDFOUNDATION  OPEN  CLOSED  NONECIRCUIT BREAKERS  YES  NO IN-GROUND**USAGE TYPE****OCCUPANCY**FUSES  YES  NO

CHIMNEYS \_\_\_\_\_

 YES  NO PRIMARY OWNERKNOB & TUBE WIRING  YES  NO

PRE-FAB \_\_\_\_\_

 APPROVED FENCE SECONDARY TENANTALUMINUM WIRING  YES  NO

HEARTHS \_\_\_\_\_

 DIVING BOARD SEASONAL UNOCCHEATING   \_\_\_\_\_

WOOD STOVE \_\_\_\_\_

 SLIDE FARM VACANTROOFING   \_\_\_\_\_

TRAMPOLINE

 ABOVE GROUND OTHER  OTHER \_\_\_\_\_

# WKS RENTED \_\_\_\_\_

NUMBER OF AMPS \_\_\_\_\_

 YES  NO IN-GROUND**NEIGHBORHOOD****DISTANCE TO**CIRCUIT BREAKERS  YES  NOFUSES  YES  NO YES  NO RESIDENTIAL

HYDRANT \_\_\_\_\_ FT PC

KNOB & TUBE WIRING  YES  NOKNOB & TUBE WIRING  YES  NO YES  NO MIXED

FIRE STATION \_\_\_\_\_ MI

ALUMINUM WIRING  YES  NOALUMINUM WIRING  YES  NO APPROVED FENCE COMMERCIAL

COAST \_\_\_\_\_ MI

HEATING   \_\_\_\_\_HEATING   \_\_\_\_\_ DIVING BOARD OTHER \_\_\_\_\_

COND. OF ROOF \_\_\_\_\_

COND. OF ROOF \_\_\_\_\_

 SLIDE**DEBRIS ON THE PREMISES?** YES  NO

COND. OF ROOF \_\_\_\_\_

COND. OF ROOF \_\_\_\_\_

 ABOVE GROUNDAUTOMATIC WATER SHUTOFF?  YES  NO

# OF GARAGED CARS \_\_\_\_\_

# OF GARAGED CARS \_\_\_\_\_

 IN-GROUND

# OF NON-GARAGED CARS \_\_\_\_\_

# OF NON-GARAGED CARS \_\_\_\_\_

 YES  NOPAPERLESS?  YES  NOPAPERLESS?  YES  NO YES  NO

IS PROPERTY WITH COMMERCIAL EXPOSURES OF NON-INCIDENTAL BUSINESS ON THE PREMISES OR WITHIN 100 FT

OF A COMMERCIAL/INDUSTRIAL PROPERTY?  YES  NO YES  NO**ADDITIONAL COVERAGES REQUESTED (coverages will be added to quote for an additional premium if available through product or carrier)**ADDITIONAL REPLACEMENT COST  YES  NO %  FUNGUS AND MOLD \$ \_\_\_\_\_  PERSONAL INJURY \$ \_\_\_\_\_

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

BUILDING ORD OR LAW COVERAGE  YES  NO %  IDENTITY FRAUD EXP \$ \_\_\_\_\_  EQUIPMENT BREAKDOWN \$ \_\_\_\_\_ YES  NOWATER BACKUP OF SEWERS & DRAINS \$ \_\_\_\_\_  YES  NO



# 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<br>(name, DOB, gender, & relation to named insured)               |   |   |   |   |
| AUTO VINS (year, make, & model of each car)  |   |   |   |   |
| 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: \$ _____<br>PD: \$ _____<br>COMP: DED \$ _____<br>COL: DED \$ _____<br>RR: \$ _____<br>ROADSIDE: \$ _____ | BI: \$ _____<br>PD: \$ _____<br>COMP: DED \$ _____<br>COL: DED \$ _____<br>RR: \$ _____<br>ROADSIDE: \$ _____ | BI: \$ _____<br>PD: \$ _____<br>COMP: DED \$ _____<br>COL: DED \$ _____<br>RR: \$ _____<br>ROADSIDE: \$ _____ | BI: \$ _____<br>PD: \$ _____<br>COMP: DED \$ _____<br>COL: DED \$ _____<br>RR: \$ _____<br>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](mailto: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 # _____   | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> ADDITIONAL INTEREST | LOAN NUMBER _____ |
| PRIOR POLICY NUMBER _____ | NAME _____    |                                    |  |                   |
| EXPIRATION DATE _____     | ADDRESS _____ | <input type="checkbox"/> PAYOR     |  |                   |

ADDITIONAL NOTES

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE SEND COMPLETED APPLICATION TO [EMAILREC@JKRAR.COM](mailto:EMAILREC@JKRAR.COM)