



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

<input type="checkbox"/> HO-3 <input type="checkbox"/> HO-4 <input type="checkbox"/> HO-6 <input type="checkbox"/> HO-___	DWELLING \$ _____	<input type="checkbox"/> REPLACEMENT COST DWELLING	RENOVATIONS \$ _____
<input type="checkbox"/> DP-1 <input type="checkbox"/> DP-3 <input type="checkbox"/> DP-___	OTHER STRUCTURES \$ _____		RENOVATION DESCRIPTION _____
	PERSONAL PROPERTY \$ _____	<input type="checkbox"/> REPLACEMENT COST CONTENTS	_____
	LOSS OF USE \$ _____		_____
	PERSONAL LIABILITY \$ _____	EACH OCCURRENCE	_____
ALL PERILS \$ _____ WIND/HAIL _____	MEDICAL PAYMENTS \$ _____	EACH PERSON	LOSS ASSESSMENT \$ _____

DEDUCTIBLES

RATING & UNDERWRITING

PURCHASE/CLOSING DATE _____
YEAR BUILT _____ SQ FT _____
OF UNITS _____ ACREAGE _____
REPLACEMENT COST \$ _____
PURCHASE PRICE \$ _____

PROTECTION DEVICE TYPE

SYSTEM	SMOKE	TEMP	BURGLAR
CENTRAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIRECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OIL STORAGE TANK LOCATION (check all that apply)

INDOORS

☐ ON MASONRY FLOOR
☐ NOT ON MASONRY FLOOR

OUTDOORS

☐ ABOVE GROUND
☐ BELOW GROUND

FIREPLACES (enter number)

CHIMNEYS _____
PRE-FAB _____
HEARTH _____
WOOD STOVE _____

SWIMMING POOL

☐ YES ☐ NO
(check all that apply)
☐ APPROVED FENCE
☐ DIVING BOARD
☐ SLIDE
☐ ABOVE GROUND
☐ IN-GROUND

TRAMPOLINE

☐ YES ☐ NO

CONSTRUCTION TYPE	STRUCTURE TYPE
<input type="checkbox"/> FRAME	<input type="checkbox"/> DWELLING
<input type="checkbox"/> MASONRY	<input type="checkbox"/> APART
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> CONDO
<input type="checkbox"/> FIRE RES	<input type="checkbox"/> ROWHOUSE
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____
FOUNDATION <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> NONE	

RENOVATION TYPE	PART	COMP	YEAR
WIRING	<input type="checkbox"/>	<input type="checkbox"/>	_____
PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEATING	<input type="checkbox"/>	<input type="checkbox"/>	_____
ROOFING	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 _____

USAGE TYPE	OCCUPANCY
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> OWNER
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> TENANT
<input type="checkbox"/> SEASONAL	<input type="checkbox"/> UNOCC
<input type="checkbox"/> FARM	<input type="checkbox"/> VACANT
<input type="checkbox"/> OTHER _____	# WKS RENTED _____

NEIGHBORHOOD	DISTANCE TO
<input type="checkbox"/> RESIDENTIAL	HYDRANT _____ FT PC _____
<input type="checkbox"/> MIXED	FIRE STATION _____ MI
<input type="checkbox"/> COMMERCIAL	COAST _____ MI
<input type="checkbox"/> OTHER _____	

DEBRIS ON THE PREMISES? ☐ YES ☐ NOAUTOMATIC WATER SHUTOFF? ☐ YES ☐ NOHEAT TYPE ☐ NONE
PRIMARY _____
SECONDARY _____

OF GARAGED CARS _____

OF NON-GARAGED CARS _____

PAPERLESS? ☐ YES ☐ NO

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
ANY PETS? note breed(s) _____ ☐ YES ☐ NOIS THE PROPERTY IN A WAVE WASH, SINKHOLE, POLLUTION,
LANDSLIDE, OR CAVE-IN AREA? ☐ YES ☐ NOIS PROPERTY WITH COMMERCIAL EXPOSURES OF NON-
INCIDENTAL BUSINESS ON THE PREMISES OR WITHIN 100 FT
OF A COMMERCIAL/INDUSTRIAL PROPERTY? ☐ 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 \$ _____



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 (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: \$ _____ PD: \$ _____ COMP: DED \$ _____ COL: DED \$ _____ RR: \$ _____ ROADSIDE: \$ _____	BI: \$ _____ PD: \$ _____ COMP: DED \$ _____ COL: DED \$ _____ RR: \$ _____ ROADSIDE: \$ _____	BI: \$ _____ PD: \$ _____ COMP: DED \$ _____ COL: DED \$ _____ RR: \$ _____ ROADSIDE: \$ _____	BI: \$ _____ PD: \$ _____ COMP: DED \$ _____ COL: DED \$ _____ RR: \$ _____ 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 # _____ <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