



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

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

OUTDOORS

OF UNITS _____ ACREAGE _____

CENTRAL ON MASONRY FLOOR**indoors**

REPLACEMENT COST \$ _____

DIRECT NOT ON MASONRY FLOOR**outdoors**

PURCHASE PRICE \$ _____

LOCAL

WOOD STOVE _____

below ground**CONSTRUCTION TYPE** **STRUCTURE TYPE****RENOVATION TYPE** PART COMP YEAR**swimming pool** FRAME DWELLINGWIRING **yes** MASONRY APARTPLUMBING **no** MASONRY VENEER CONDOHEATING **(check all that apply)** FIRE RES ROWHOUSEROOFING **approved fence** OTHER _____ OTHER _____

NUMBER OF AMPS _____

diving boardFOUNDATION OPEN CLOSED NONECIRCUIT BREAKERS YES NO**slide****USAGE TYPE** **OCCUPANCY**FUSES YES NO**above ground** PRIMARY OWNERKNOB & TUBE WIRING YES NO**in-ground** SECONDARY TENANTALUMINUM WIRING YES NO SEASONAL UNOCC

CONDITION OF HOUSEKEEPING _____

 FARM VACANT

CONDITION OF PLUMBING _____

 OTHER _____ # WKS RENTED _____

CONDITION OF ROOF _____

NEIGHBORHOOD **DISTANCE TO**

ROOF MATERIAL _____

 RESIDENTIAL HYDRANT _____ FT PC**HEAT TYPE** NONE MIXED FIRE STATION _____ MI

PRIMARY _____

 COMMERCIAL COAST _____ MI

SECONDARY _____

OF GARAGED CARS _____**DEBRIS ON THE PREMISES?** YES NO**# OF NON-GARAGED CARS** _____**AUTOMATIC WATER SHUTOFF?** YES NO**PAPERLESS?** YES NO**SOLAR PANELS** YES NO

OF PANELS _____

TOTAL VALUE \$ _____

trampoline**yes****no****swimming pool****yes****no****diving board****yes****no****slide****yes****no****above ground****in-ground****ADDITIONAL COVERSSES REQUESTED (coverages will be added to quote for an additional premium if available through product or carrier)**ADDITIONAL REPLACEMENT COST % PERSONAL INJURY \$ _____ FUNGUS/MOLD \$ _____ EQUIPMENT BREAKDOWN YES NO

BUILDING ORD/LAW COVERAGE % IDENTITY FRAUD EXP \$ _____ WATER BACKUP OF SEWERS & DRAINS \$ _____



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■ 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 # _____ 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