

**INSTRUCTIONS FOR COMPLETING APPLICATION
FOR HOMEOWNERS INSURANCE
(Numbers correspond to the items on page 1 & 2)**

Agent name, license number and signature are required. Insured signature is required.

- 6. Coverage and Limits of Liability: Section I: Enter the requested amount of coverage for Dwelling (Coverage A). Limits for Other Structures (10% of Coverage A), Unscheduled Personal Property (50% of Coverage A), and Loss of Use (10% of Coverage A) are included and cannot be changed. Section II: Limits for Personal Liability (\$100,000) and Medical Payments (\$1,000) are included and cannot be changed.**
- 7. Replacement Cost Coverage: This coverage is optional. Replacement cost coverage for Building is an additional 10% of the base premium. Replacement cost coverage for Contents is an additional 10% of the base premium. Replacement cost coverage for both Building and Contents is an additional 20% of the base premium.**
- 8. Increased theft coverage limit: This coverage is optional. The HO-8 includes \$1,000 of theft coverage. As an option, you may request an increased theft coverage limit of \$5,000 (additional \$65 premium) or \$10,000 (additional \$130 premium).**
- 9. Water Coverage: Water coverage is optional. Entry of Yes or No is required. If Yes, additional premium is applied. Please refer to the water coverage endorsement on GUA's website. Click on the section titled Water Coverage Endorsement.**
- 10, 11 & 12. Entry is required.**
- 13. If there are no claims, enter "NONE". Provide details for each claim including cause & origin and repairs made. Attach a separate page if needed.**
- 14. Mortgagee: For each Mortgagee, provide the Name, Mailing Address and Loan Number. Attach a separate list if additional space is needed.**
- 18. – 35. Entry is required.**

Hurricane Underwriting Restrictions: No request for increased coverage or new application shall be accepted at any time or period of time during which there exists any portion of a hurricane designated by the U.S. National Weather Service, National Hurricane Center or any successor thereto within the boundaries of 70 degrees west longitude and 20 degrees north latitude until the expiration of 24 hours after such hurricane warning has been lifted.

Coverage begins at 12:01 a.m. the day after payment is received by this Association.

We do not accept personal checks. Payment must be made by a licensed agent or licensed lending institution or by money order, cashiers check or certified check.

APPLICATION FOR HOMEOWNERS INSURANCE
This Application is Not a Binder of Insurance.

GEORGIA UNDERWRITING ASSOCIATION
415 Horizon Drive, Suite 200, Suwanee, GA 30024-3186
770-923-7431 Fax 770-717-8620 www.GeorgiaUnderwriting.com

Name of Agency

Address

City State Zip

Fax _____ Phone: _____

Email: _____

I hereby certify that I am a licensed Agent of Georgia.

License No. _____ Expiring _____

In the event a policy is issued and then canceled or insurance thereunder terminated, or a change is made resulting in a return premium due, I agree upon request to return my proportionate share of the commission on such return premium.

Producer of Record Signature _____

- 1) Applicant's Name: _____ Phone: _____
- 2) Applicant's Mail Address: _____
City: _____ State: _____ Zip: _____
- 3) Location of Property: _____ County _____
City: _____ State: GA Zip: _____ City Limits: Inside Outside
Name of and distance to Fire Station: _____
Within 1,000 Feet to standard fire hydrant? Yes No

Insurance requested is for a single family (free standing) owner occupied Dwelling.
Mobile homes, condos, duplexes, townhouses and multi-family dwellings are not eligible for HO-8.

- 4) If prior or present coverage with GUA, what is the policy number? _____
- 5) Requested date of coverage: _____

6) Coverage and Limits of Liability

Section I		Section II	
A. Dwelling	\$ _____	E. Personal Liability	
B. Other Structures	10% of A	(Each Occurrence)	\$100,000
C. Unscheduled Personal		F. Medical Payments to	
Property	50% of A	others (Each Person)	\$1,000
D. Loss of Use	10% of A		

- 7) Optional: Replacement cost coverage Building Contents
- 8) Optional: Increased theft coverage limit (HO-8 includes \$1,000 of coverage): \$5,000 \$10,000
- 9) Optional: Water Coverage: Yes No
- 10) Deductible: \$500 \$1,000 \$2,500
- 11) Construction: Frame Joisted Masonry
- 12) Square Footage _____ Year of Construction _____
- 13) List any losses (property, liability or theft) or enter NONE. Attach a separate page if necessary.

<u>Cause & Origin</u>	<u>Date</u>	<u>Total Claim Amount</u>	<u>Company Payment</u>	<u>Location</u>	<u>Repairs</u>
_____	_____	_____	_____	_____	_____

- 14) Mortgagee Name & Address: _____

Loan # _____ (Attach a separate page to list additional Mortgagees)

15) Occupancy and Use Requirements:

- a) The described dwelling is not seasonal.
- b) No business is conducted on the described premises.
- c) The described premises is the only premises where the named insured or spouse maintains residence.
(You must spend at least 50% of the time here to qualify for the HO-8)
- d) The insured has no full time residence employee(s). Example: housekeeper/gardener
- e) The insured has no outboard motor(s) or watercraft otherwise excluded under this policy for which coverage is desired.

16) Indicate exception(s), if any, to (15a), (15b), (15c), (15d), or (15e). Absence of entry means "NO EXCEPTION".

17) List location in case of exception to (15c): _____

18) Do you own any animals? Yes No

If yes, type and breed(s): _____

19) Have any of your pets bitten, injured or threatened to injure anyone in the past three years? Yes No

If yes, give details: _____

20) Is someone normally at home throughout the day? Yes No

21) Do you have domestic employees? Yes No (example: housekeeper/gardener)

22) Do all exterior doors have deadbolt locks with at least 1/2-inch throw, or self-locking dead latches with at least 1/2-inch latch? Yes No

23) What special locking devices are used, if any, on your windows? Describe: _____

24) Do you have exterior sliding glass doors? Yes No

If yes, describe locking devices: _____

25) Are key operated or other locking devices provided for garage doors? Yes No

26) Are shrubs and landscaping kept trimmed? Yes No

27) Are downspouts allowed to discharge onto walkways, driveways or patios? Yes No

28) Is your dwelling equipped with a burglar alarm? Yes No (no credit given)

If yes, describe: _____

29) Are exterior door(s) secured? Yes No

30) Are there broken, cracked, uneven or otherwise faulty steps, porches, decks, sidewalks, driveways, patios and/or similar areas? Yes No

If yes, describe: _____

31) Is lighting outside the structure unsafe or inadequate? Yes No

If yes, give details _____

32) Is lighting in hallways and stairways inside the structure, unsafe or inadequate? Yes No

If yes, give details _____

33) Is there absence of or unsafe handrails? Yes No

34) Is there a swimming pool or private pond? Yes No

a) Does installation meet all local regulations including fence? Yes No

35) List two companies who have denied coverage and give reason:

Applicant: Before signing below see "Certification of Applicant for Insurance",
"Fair Credit Reporting Act" and "Notification of Information Practices" on page 3.

Certification Acceptance Signature of Applicant _____ Date _____

**FOR POLICY ISSUANCE: Remit Quote and completed Application, including signature of Agent and Applicant.
Remit Appraisal if coverage exceeds \$299,000. Attach photos and agency check. No personal checks accepted.**

Check # _____ Check Amount \$ _____

ATTACH A REPRESENTATIVE PHOTOGRAPH OF THE RISK – FRONT & BACK VIEW

CERTIFICATION OF APPLICANT FOR INSURANCE

This request is made with the understanding that an inspection may be made of this property. I (we) understand that this request in no way binds any company to afford insurance on the described property. Inspection(s) made under this program and any report of the inspection(s) is for fire and extended coverage insurance underwriting purposes. Regardless of whether a policy is issued, neither the insurer, the Georgia Underwriting Association, the Insurance Services Office, nor any company represented thereby, will be liable for any injury or damage claimed to arise from the inspection(s), the inspection report(s) of the physical condition of the premises, omissions from such inspection(s) or report(s), or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in said inspection report(s). Nothing contained in or omitted from said inspection report(s) shall be construed to infer or imply that the hazardous physical conditions, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection of action report(s) to the Georgia Insurance Department, the Georgia Underwriting Association, Insurance Services Office, insurers and my (our) agent(s) or representative(s).

I (we) understand that if coverage is accepted by the Georgia Underwriting Association, the policy will become effective at 12:01 A.M. the day after the Georgia Underwriting Association has received payment of the premium. I (we) further understand that any Agent or Broker that has assisted me (us) in procuring this insurance is not an Agent of the Georgia Underwriting Association, and all actions taken by such Agent or Broker, including the submitting of this application, collecting of premiums, and delivering of policies, are taken solely on my (our) behalf.

By signing this application I (we) certify that I (we) have an insurable interest in the property and that all statements contained herein are, to the best of my (our) knowledge, true.

FAIR CREDIT REPORTING ACT

In accordance with the Federal Fair Credit Reporting Act (Public Law 91-508), this notice is to inform you that as part of our procedure for processing your Application for Insurance, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living whichever may be applicable. Further information on the nature and scope of such inquiry, if one is made, is available to you upon written request.

NOTICE OF INFORMATION PRACTICES

In applying for insurance with the Georgia Underwriting Association you entrusted us with personal information about yourself. We may seek further information about you, and any person requesting insurance on the application, from other sources.

You have the right to know what kind of information we maintain on our files about you and may have access to that information. You have the right to receive a copy of all personal information we keep on you and if necessary the right to request the correction, amendment or deletion of incorrect information. No information will be disclosed about you without your consent unless the disclosure is necessary for us to conduct our business. Upon receipt of your request, we will furnish you with a more detailed notice of our information practices.

Georgia Underwriting Association
Checklist for Submitting Applications

- The following is being submitted:**
 - Completed application signed by agent and insured**
 - Photos of front and back of property**
 - Appraisal (only needed if coverage is \$300,000 or more)**
 - A copy of the quote**
 - A copy of the Agent Premium Worksheet**
 - Payment is being submitted (as calculated on quote and premium worksheet)**
 - If there are no claims, I have entered “NONE” on #13 on the application. I have provided details for each claim, including cause and origin and a description of repairs made. I understand that GUA may ask for more details on all large or unusual claims.**

- I understand that personal checks are not accepted.
Agent check should be NET (gross premium less commission).**

- I am keeping a copy of everything that I am submitting for my own file.**

- I understand and have explained to my insured that no coverage is effective until GUA receives all completed and signed documents with proper payment. If my agency issues a binder or certificate of insurance, I understand that I am doing so through my agency, not through Georgia Underwriting Association. No agent has binding authority through this Association.**