



Home/Condominium Owner's Application

This is a request for a quotation for homeowners insurance. It is not an application for insurance.

All Sections must be complete in order to receive a valid quote.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ SS#: _____
 Spouse/Partner Name: _____ Date of Birth: _____ SS#: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Property Address (if different than mailing address): _____

Phone Numbers: Home: _____ Cell: _____ Work: _____
 Best Time to Call: Morning Afternoon Evening

Email address: _____

CURRENT POLICY INFORMATION

Insurance Company: _____ Expiration Date: _____
 Dwelling Limit: _____ Other Structures Limit: _____ Personal Property Limit: _____
 Loss of Use Limit: _____ Personal Liability Limit: _____ Medical Pay Limit: _____
 Deductible: _____

HOME INFORMATION

Date Purchased: _____ Home is: Primary Residence Secondary Residence Rental Property
 *Was home purchased as foreclosure/short sale within past 12 months? Yes No

Mortgagee: _____

2nd Mortgagee: _____

Insurance Escrowed? Yes No

Township & County of Property: _____

Is your home a: Single Family Home Duplex Mobile Home Modular Home (Pre-Fab)
 Multi-Family - # of Families: _____ Condo Townhouse

If Condo/Townhouse : End Unit Center Unit # of units between firewalls: (condo/tenant only)

Have you filed any property insurance claims in the past five years? Yes No

If yes, please describe below:

Date	Type/Description	Amt. Paid

CONSTRUCTION TYPE

- Wood Frame w/ Vinyl Siding Wood Frame w/Aluminum Siding Stucco
 Solid Brick Brick Veneer Other (Please Specify):
 Solid Stone Stone Veneer
 Wood Siding Fire Resistant (Steel Frame)
 Log Siding Solid Log

PROTECTION CLASS

Feet to Nearest Fire Hydrant: Miles to Nearest Fire Station: Fire District:

DWELLING INFORMATION

Year Dwelling Built: Square Footage: # of Stories:
 Type of Dwelling: (ex: cape cod, ranch, townhouse end unit, split-level, etc.)

Construction of Walls & Ceilings: Drywall Plaster If both, % of each:

***Year Last Updated (Required):** Wiring: Plumbing: Heat: Roof:

Is home 100% serviced by Circuit Breakers? Yes No

Primary Heat Source: Oil Natural Gas Propane Electric Geothermal
 Other:

Fireplace: Wood Gas Insert # of Fireplaces:

Alternate Heat Source: Wood Stove Pellet Stove Space Heater Other:

If Wood/Pellet Stove, was it professionally installed? Yes No Stove Cleaned annually? Yes No

Roof Material Type: Asphalt Shingles Slate Steel/Metal Wood/Cedar Shakes
 Architectural Shingles Rubber Tin Other:

Roof Type: Pitched Roof Flat Roof

Foundation Type: Concrete Basement Crawlspace Slab

If Basement, is it under the entire house? Yes No

If no, what % of the house is it under? What % of basement is finished?

Basement is: Below Grade Daylight/Walkout

Do you have a Sump Pump? Yes No

If yes, what type of backup source is used if Sump Pump fails?

Water Powered Battery Powered Gas Generator None

Attached Structures: Porch Deck Balcony Square Footage of each:

Garage: Yes No If yes, Capacity #: Attached Detached Built-In Carport

Central Air: Yes No

Bathrooms: # Full: # Half:

Customization in kitchen and/or bathrooms? (ex: granite countertops, custom cabinetry, tile floors, etc.) Yes No

If yes, please list:

PROTECTIVE DEVICES (Check all that apply)

- Fire Alarm: **Local** (makes your household aware) **Central** (notifies 3rd party)
- Burglar Alarm: **Local** (makes your household aware) **Central** (notifies 3rd party)
- Sprinkler System: **Local** (makes your household aware) **Central** (notifies 3rd party)
- Smoke Detectors** **Fire Extinguishers** **Dead Bolt Locks**

GENERAL UNDERWRITING

Do you own any dogs or exotic pets? **Yes** **No** How many: Breed/Type:

Any incidents of biting? **Yes** **No**

Is there a swimming pool or trampoline on the property?

- Swimming pool**
 - Above Ground** **In-ground** **Fenced-In** **Locking Gate**
- Trampoline**
 - Screened**

Do you belong to a Homeowners Association? **Yes** **No**

Do you own any Watercrafts? **Yes** **No** Type: Motor HP:

Docked/Stored Location: Location Used: Length:

Any Recreational Motorized Land Vehicles: **Yes** **No** Type:

Any Other Owned Properties? **Yes** **No**

If yes, list address:

Member of any Board of Directors: **Yes** **No** If yes, list:

Any Business Activity conducted in Home/On Premises? **Yes** **No**

If yes, type of business:

Any Business Property in Home/On Premises: **Yes** **No**

If yes, type/amount:

Any valuable items: **Jewelry** **Fine Art** **Coins** **Guns** **Silverware** **Other:**

List amount of coverage needed for each category: *(Appraisals will be required if policy is purchased)*

Would you like a quote for Flood coverage? **Yes** **No**

Would you like to discuss how a Personal Umbrella Policy can benefit you? **Yes** **No**

Would you like a quote on Life Insurance options? **Yes** **No**

Additional Information/Comments:

As part of the underwriting process, insurance companies will order an insurance score based upon your credit history that will be used to underwrite and price your policy. As allowed by law, they may obtain credit and other consumer reports, such as claims history reports, in connection with your application for insurance and any renewal of insurance.

Please fax completed application along with the declarations page(s) of your current policy or email to info@lambent-rms.com

Phone: (312) 220.9200 or (312) 251.2576 - Fax: (312) 220.0117 - Email: info@lambent-rms.com