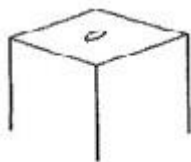


Coastal Homeowners / Dwelling Application



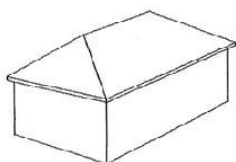
Agent:		Insured Name & Mailing Address:	
Inspection Contact (<i>Interior & Exterior Inspections</i>):			
Ph:	E-mail:	SSN:	Occupation:
1 st Mortgagee:		2 nd Mortgagee:	
Loan #:		Loan #:	
Property Location:		County:	
Effective Date:	Policy Form Requested: <input type="checkbox"/> DP3 <input type="checkbox"/> HO3 <input type="checkbox"/> HO4	Include Wind & Hail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Coverage A Dwelling		Limit of Liability	
Coverage B Other Structures		\$ _____	
Coverage C Personal Property		\$ _____	
Coverage D Fair Rental Value/Loss of Use:		\$ _____	
Endorsements: <input type="checkbox"/> Earthquake			
<input type="checkbox"/> Enhanced Wind Deductible		<input type="checkbox"/> Named Storm	
<input type="checkbox"/> Limited Loss Assessment <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			
<input type="checkbox"/> Burglary (Owner) <input type="checkbox"/> Burglary & Theft (Owner/Tenant)			
<input type="checkbox"/> Law/Ordinance <input type="checkbox"/> 10% Sub-Limit (No Charge) <input type="checkbox"/> 10% Additional Limit (Add'l Prem)			
<input type="checkbox"/> Personal Liability (Includes \$5,000 Med Pay): <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000			
<input type="checkbox"/> Med Pay Additional: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000			
<input type="checkbox"/> Excess Wind Coverage – Underlying Limits \$ _____ Cov A \$ _____ Cov C			
<input type="checkbox"/> Water Back-up Sub-Limit <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			
<input type="checkbox"/> Limited Mold Coverage Sub-Limit (Subject to no prior mold losses) <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			
<input type="checkbox"/> Equipment Breakdown *Maximum \$100,000 Sub-Limit; \$10,000 Spoilage; \$50,000 Pollutants			
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hardiplank <input type="checkbox"/> Other _____			
Yr. Construction:	Sq. Footage:	No. of Stories:	
Roof Covering: <input type="checkbox"/> Asphalt Composition <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Single Ply Membrane <input type="checkbox"/> Screw Down Metal			
<input type="checkbox"/> Normal Shingle (55 mph) <input type="checkbox"/> Rated Shingle (110 mph)		Tile: <input type="checkbox"/> Clay <input type="checkbox"/> Concrete	
Occupancy (Check all that apply): <input type="checkbox"/> Owner Primary <input type="checkbox"/> Owner Seasonal <input type="checkbox"/> Vacant			
<input type="checkbox"/> Tenant Occupied - <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly			
Number of Families: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse _____ (if over 4 families)			
Protection Devices: <input type="checkbox"/> Burglar <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Central Station <input type="checkbox"/> Sprinklers <input type="checkbox"/> Hurricane Shutters:			
<input type="checkbox"/> Gated Community		<input type="checkbox"/> Engineered <input type="checkbox"/> Plywood <input type="checkbox"/> Impact Glass	
Territory:	Protection Class:	Answering Fire Dept.:	
Central A/C: <input type="checkbox"/> Yes <input type="checkbox"/> No Central Heat: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what kind: _____			
Is Dwelling currently under construction or renovation: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated completion date: _____			
Improvements/Updates: <input type="checkbox"/> Heating yr: _____ <input type="checkbox"/> Electrical wiring (box) yr: _____ <input type="checkbox"/> Plumbing (pipes) yr: _____			
<input type="checkbox"/> Roof yr: _____ <input type="checkbox"/> Other: _____			
Explain all "yes" responses under separate cover:			
Any additional structures: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give full description _____	
Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complies with local ordinances and regulations: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any losses in the past 5 years: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain fully _____	
Any other insurance on this property: <input type="checkbox"/> Yes <input type="checkbox"/> No		Current/Prior Carrier _____	
Is there a Golf Cart on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Insured with _____	
Is building Elevated (<i>Building on stilts / Partial Subterranean / Tuck Under – 1 or 2 sided / First Floor Parking</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Roofs (Check Appropriate Roof Type That Applies):



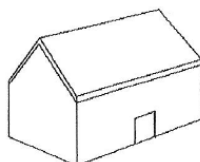
Flat Roof – A single plane that is pitched at a low angle to shed water (Without Parapets)

With Parapets



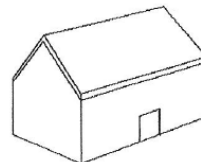
Hip Roof – A gable roof with the ends brought together at the same pitch as the rest of the roof (Slope less than or equal to 26.5 Degrees)

Slope greater than 26.5 Degrees



Gable Roof – Two pitched roofs, back to back, forming a triangular roof (Slope less than or equal to 26.5 Degrees)

Slope greater than 26.5 Degrees



Braced Gable Roof – with slope less than or equal to 26.5 Degrees

Slope greater than 26.5 Degrees

Other

THIS APPLICATION FOR INSURANCE DOES NOT COVER FLOOD, SURFACE WATER, WAVES, TIDAL WATER, OVERFLOW OF A BODY OF WATER OR SPRAY FROM ANY OF THESE, WHETHER OR NOT DRIVEN BY WIND.

NOTICE OF INSURANCE INFORMATION PRACTICES. PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU.

Neither the U.S. Brokers that handle this insurance nor the insurers that have underwritten this insurance will disclose non-public personal information concerning the buyer to non-affiliates of the brokers or insurers except as permitted by law.

I hereby certify that I have read the information supplied and the statements herein are true and that this information forms a basis upon which insurance may be issued.

Signature of Agent (Required)

Date

Signature of Applicant (Required)

Date

*** COVERAGE CAN ONLY BE QUOTED OR BOUND BY ARM PERSONNEL ***

ARM

628 Chestnut Road

Myrtle Beach, SC 29572

Phone (843) 449-2491 ext 229 Fax (843) 449-4329

EMAIL: UNDERWRITING@ARCADIANRISK.COM