

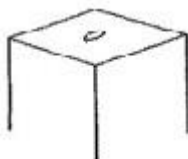
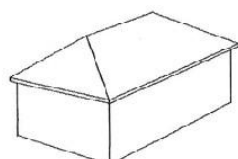
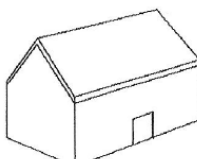
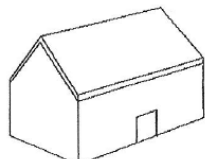
High Value Homeowner Application



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"/> DP1 <input type="checkbox"/> DP3 <input type="checkbox"/> HO3	Include Wind & Hail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Coverage A Dwelling (100% Replacement Cost)		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 & Hail Deductible <input type="checkbox"/> Named Storm <input type="checkbox"/> Named Hurricane <input type="checkbox"/> Loss Assessment <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Law/Ordinance <input type="checkbox"/> 15% Additional Limit <input type="checkbox"/> 25% Additional Limit <input type="checkbox"/> Personal Liability (includes \$5,000 Med Pay): <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Med Pay Additional: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Excess Flood Coverage – Underlying Limits \$ _____ Cov A \$ _____ Cov C <input type="checkbox"/> All Risk Personal Property <input type="checkbox"/> Water Back-up Sub-Limit <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 Identity Fraud (Preferred Risks only) <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"/> Extended Replacement Cost Cov A 25% of TIV <input type="checkbox"/> \$5,000 Golf Cart Physical Damage <input type="checkbox"/> Increased Limits on Business Property \$10,000			
Construction: <input type="checkbox"/> Frame/Stucco <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> EFIS <input type="checkbox"/> Log <input type="checkbox"/> Superior/Fire Resistive			
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 – Please Complete “Short Term Rental Questionnaire”			
Number of Families: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Territory		Protection Class:
Protection Devices: <input type="checkbox"/> Fire/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			
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 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			

Is there a Golf Cart on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Insured with _____
Trampoline on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a dog on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind: _____
Is Insured a Corporation, LLC, or LLP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete "Supplemental Corporate Named Insured Questionnaire"
Is Protection Class Greater than 8?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete "Protection Class 9 and 10 Questionnaire"

Roofs (Check Appropriate Roof Type That Applies):

				<input type="checkbox"/> Other
<input type="checkbox"/> Flat Roof – A single plane that is pitched at a low angle to shed water (Without Parapets)	<input type="checkbox"/> 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)	<input type="checkbox"/> Gable Roof – Two pitched roofs, back to back, forming a triangular roof (Slope less than or equal to 26.5 Degrees)	<input type="checkbox"/> Braced Gable Roof – with slope less than or equal to 26.5 Degrees	
<input type="checkbox"/> With Parapets	<input type="checkbox"/> Slope greater than 26.5 Degrees	<input type="checkbox"/> Slope greater than 26.5 Degrees	<input type="checkbox"/> Slope greater than 26.5 Degrees	

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

ARM
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