

Donald Gaddis Company, Inc.

150 S. Wacker Drive, Ste. 600

Chicago, IL 60606

Phone - (312)853-0071 Fax - (312)853-1033

NOTICE TO AGENT BILLING INSTRUCTIONS Indicate below how you wish Renewals to be billed. <input type="checkbox"/> Insured <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Agent
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Dwelling & Habitational Fire Application

Applicant's Name _____
Mailing Address _____

Agent Name _____
Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time at the address of the Applicant

Perils to be Insured:

Fire E.C VMM Premises Liability Personal Liability Residence Burglary Deductible: \$ _____

Territory: _____ County: _____ Wind Excluded: YES NO Wind Deductible: \$ _____

MORTGAGEE: _____

ADDRESS: _____ LOAN NO.: _____

Dwelling #1 Limits:	
\$ _____	a. <input type="checkbox"/> Masonry <input type="checkbox"/> Frame
	b. <input type="checkbox"/> 1 family <input type="checkbox"/> 2 family <input type="checkbox"/> 3 family <input type="checkbox"/> 4 family
	c. <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Renovation
	d. <input type="checkbox"/> Vacant <input type="checkbox"/> Seasonal <input type="checkbox"/> Builders Risk
	e. Located at: _____
\$ _____	On contents in the above dwelling
\$ _____	Premises Liability/Personal Liability
\$ _____	Medical Payments
\$ _____	Residence Burglary
\$ _____	Additional Living Expense/Loss of Use
\$ _____	Other Structures—describe: _____

Dwelling #2 Limits:	
\$ _____	a. <input type="checkbox"/> Masonry <input type="checkbox"/> Frame
	b. <input type="checkbox"/> 1 family <input type="checkbox"/> 2 family <input type="checkbox"/> 3 family <input type="checkbox"/> 4 family
	c. <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Renovation
	d. <input type="checkbox"/> Vacant <input type="checkbox"/> Seasonal <input type="checkbox"/> Builders Risk
	e. Located at: _____
\$ _____	On contents in the above dwelling
\$ _____	Premises Liability/Personal Liability
\$ _____	Medical Payments
\$ _____	Residence Burglary
\$ _____	Additional Living Expense/Loss of Use
\$ _____	Other Structures—describe: _____

UNDERWRITING QUESTIONNAIRE:

1. If vacant, how long has dwelling been vacant? _____

2. Did you inspect dwelling? Yes No

Comments: _____

3. Do you recommend risk? Yes No

Comments: _____

4. **Swimming Pool?** Yes No
Fenced? Yes No
Locking Gate? Yes No
5. **Year of Construction:** _____ **Square Feet:** _____ **Updated:** Yes No
If yes, confirm the date the following items were updated:
Wiring: _____ **Plumbing:** _____ **Roof:** _____ **Heating & Air Conditioning:** _____
Physical condition of buildings: _____
6. **Fire Protection Class:** _____ **Fire District:** _____ **E.C. Class:** _____
Distance from coastal water: _____ (Includes ocean, gulf, bay or sound)
7. **Primary source of heat:** _____
If wood burning stove, questionnaire and photo required.
8. **Renovation/Builders Risk:** _____ **Number of year's experience:** _____
Name of licensed contractor: _____
Extent of Renovation: _____
9. **Applicant's occupation(s):** _____
10. **Are any business pursuits conducted on the premises?** Yes No
If yes, describe: _____
11. **Any animals?** Yes No
If yes, describe: _____
12. **Acreage?** Yes No
If yes, number of acres: _____ **Usage:** _____
13. **Has any company canceled or refused coverage to the applicant? (Not applicable in Missouri)....** Yes No
Comments: _____
14. **Previous Carrier:** _____ **Policy Number:** _____
15. **Past Losses?** _____ **Comments:** _____
16. **Any Bankruptcy or Foreclosure Proceedings filed?** Yes No
If yes, describe: _____
Discharged? Yes No

UNDERWRITING GUIDELINES:

Prefer photo with application.

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.