

## Coastal Homeowners Insurance Application

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Insured Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Occupation: \_\_\_\_\_

Has the Applicant had a foreclosure, repossession or bankruptcy during the past five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

### PROTECTION INFORMATION

Distance to Fire Hydrant: \_\_\_\_\_ Distance to Fire Station: \_\_\_\_\_

Is Fire Department: Paid \_\_\_\_\_ Volunteer \_\_\_\_\_

Central Station Alarm: Fire: Yes \_\_\_\_\_ No \_\_\_\_\_ Burglar: Yes \_\_\_\_\_ No \_\_\_\_\_

Sprinkler System: Full \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_ Smoke Detectors: Yes \_\_\_\_\_ No \_\_\_\_\_ Dead Bolts: Yes \_\_\_\_\_ No \_\_\_\_\_

### CONSTRUCTION INFORMATION

Frame: \_\_\_\_\_ Brick/Stucco/Masonry: \_\_\_\_\_ Other: \_\_\_\_\_

Type of Foundation: Concrete Slab \_\_\_\_\_ Concrete Blocks \_\_\_\_\_ Piling/Stilts \_\_\_\_\_

Year Built: \_\_\_\_\_ Year Purchased: \_\_\_\_\_ Type of Roof: \_\_\_\_\_ Age of Roof: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Market Value: \_\_\_\_\_

Primary Flood Insurance Carried (NFIP): Yes \_\_\_\_\_ No \_\_\_\_\_

Policy Limit: Building: \_\_\_\_\_ Personal Property: \_\_\_\_\_

Flood Zone: \_\_\_\_\_

### LIMITS/DEDUCTIBLES

Dwelling:	\$ _____
Other Structures:	\$ _____
Personal Property:	\$ _____
Loss of Use:	\$ _____
Personal Liability:	\$ _____
Medical Payments:	\$ _____

Deductibles:

All Other Perils: \_\_\_\_\_ (minimum \$2,500) Wind: \_\_\_\_\_ 3% of dwelling

Eligible for Wind Pool: Yes \_\_\_\_\_ No \_\_\_\_\_

### PROPERTY INFORMATION

Type: Dwelling \_\_\_\_\_ Town House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Row House \_\_\_\_\_ Co-Op \_\_\_\_\_

Occupancy: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Rental \_\_\_\_\_ Is the home occupied daily: Yes \_\_\_\_\_ No \_\_\_\_\_

Unoccupied > 30 consecutive days: Yes \_\_\_\_\_ No \_\_\_\_\_ If the home is rented: Number of Weeks \_\_\_\_\_

Is the home visible to neighbors: Yes \_\_\_\_\_ No \_\_\_\_\_ Is the Home for Sale: Yes \_\_\_\_\_ No \_\_\_\_\_

Caretaker: Yes \_\_\_\_\_ No \_\_\_\_\_ Gated Community: Yes \_\_\_\_\_ No \_\_\_\_\_ Patrolled: Yes \_\_\_\_\_ No \_\_\_\_\_

Is the building undergoing any renovation: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_

### GENERAL INFORMATION

Distance to: Ocean: \_\_\_\_\_ Bay: \_\_\_\_\_ Gulf: \_\_\_\_\_

Elevation above sea level (feet): \_\_\_\_\_

Storm Shutters: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type of storm shutters: \_\_\_\_\_

Update Information- Required if home is over 25 years old, 20 years for roof:

<u>Type</u>	<u>Full</u>	<u>Partial</u>	<u>Year Completed</u>
Wiring	_____	_____	_____
Plumbing	_____	_____	_____
Heating	_____	_____	_____
Roof	_____	_____	_____

**ADDITIONAL EXPOSURES**

Animals on Premises: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Type: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Training: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Number of years owned: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Swimming Pool on Premises: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Fenced/Screened Yes \_\_\_\_\_ No \_\_\_\_\_  
 Any business conducted on the premises: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Any child care/day care activities: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Any wood stoves or supplemental heating: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Within 300 ft of any commercial structures: Yes \_\_\_\_\_ No \_\_\_\_\_

List other structures and values on the premises: \_\_\_\_\_

Comments/Remarks: \_\_\_\_\_

**PRIOR INSURANCE CARRIER AND LOSS INFORMATION**

Previous Insurance Carrier: \_\_\_\_\_

Expires: \_\_\_\_\_ Expiring or Renewal Premium: \$ \_\_\_\_\_

Non-Renewing: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

Three Year Loss History - Must be filled out completely

Date	Type of Loss	Cause	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What preventive measures have been taken to prevent future losses? Explain: \_\_\_\_\_

**AGENT/BROKER**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**INSURED**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**CONTACT INFORMATION**

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