



Point O'Woods Homeowners Insurance Application

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Insured Location: _____

City: _____ Point O'Woods _____ State: NY _____ Zip Code: 11706

County: Suffolk _____ 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: Not Applicable

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 _____ Not Applicable _____

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 X____
 Fenced/Screened Yes _____ No _____ Not Applicable X____
 Any business conducted on the premises: Yes _____ No X____
 Any child care/day care activities: Yes _____ No X____
 Any wood stoves or supplemental heating: Yes _____ No _____
 Within 300 ft of any commercial structures: Yes _____ No X____

List other structures and values on the premises: _____

Comments/Remarks: _____

PRIOR INSURANCE CARRIER AND LOSS INFORMATION

Previous Insurance Carrier: _____ Lloyds of London _____

Expires: _____ Expiring or Renewal Premium: \$ _____

Non-Renewing: Yes _____ No X____ 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: John Buttine, Inc. Date: _____

Signature: _____

INSURED

Print Name: _____ Date: _____

Signature: _____

CONTACT INFORMATION

John Buttine Inc.
125 Park Avenue, 3rd Floor
New York, NY 10017
Tel: 212-697-1010 / Fax: 212-986-2822
www.buttine.com