



**BROKERS SURPLUS AGENCY 720 JOHNSVILLE BOULEVARD BLDG #9, WARMINSTER, PA. 18974**

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PRODUCER # \_\_\_\_\_

AGENCY: \_\_\_\_\_

CONTACT: \_\_\_\_\_

**PLEASE COMPLETE ENTIRE APPLICATION**

**APPLICANT INFORMATION**

**Effective Dates:** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Named Insured(s) \_\_\_\_\_  
Soc Sec No. \_\_\_\_\_ Residence is:  Primary  Secondary  
Mailing Address \_\_\_\_\_  Seasonal

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Location of Property \_\_\_\_\_

Email Address: \_\_\_\_\_

**HO 8**

**HO 2/3**

\*Lloyd's Deductible  1000  other \_\_\_\_\_ |  1000 / 5,000

**\*ALL Lloyd's Policies have a 2% WIND DEDUCTIBLE Calculated Premium \$ \_\_\_\_\_**

**Standard Market (Hanover) HO8 Deductible: HO 8**  500  1000 (if application is for standard market, **please complete online app**)

**RATING INFORMATION**

Application For:  HO-2  HO-3 ( RCOC)  HO-4  HO-8  
Dwelling Other Structure Personal Property Loss of Use Liability Medical Payment

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Year Built \_\_\_\_\_ Construction \_\_\_\_\_ Prot Class \_\_\_\_\_ Territory \_\_\_\_\_

Feet from Hydrant \_\_\_\_\_ Miles from Dept \_\_\_\_\_ Number of Families \_\_\_\_\_

Pets/Animals on Premises?  Yes  No Breeds: \_\_\_\_\_

Swimming pool, hot tub, spa, trampoline?  Yes  No If yes, describe fence \_\_\_\_\_

Owner Occupied Daily?  Yes  No # of hours house unoccupied daily \_\_\_\_\_

**UNDERWRITING INFORMATION**

Has coverage been Declined, Cancelled or Non-Renewed in the last 3 years?  Yes  No

Is any Business conducted on the premises?  Yes  No

Is there any **Vacant/Vandalized or Commercial** properties **nearby**?  No  Yes - Secured? \_\_\_\_\_ (+ \$300)

What is the approximate Market Value of the dwelling? \_\_\_\_\_ Replacement Cost? \_\_\_\_\_

List other policy numbers \_\_\_\_\_

List insured's previous carrier \_\_\_\_\_ NONE - Explain \_\_\_\_\_

Previous address if less than 3 years \_\_\_\_\_

**What year were the following items updated?**

Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Underground Storage Tank  Yes  No

Roof replaced \_\_\_/Recoated \_\_\_\_\_ Type of Roof Material \_\_\_\_\_  Flat  Peaked

**LOSS HISTORY**

**PRIOR CLAIMS (10 years) \_\_\_ YES \_\_\_ NO - please check box-** list description, date of loss and total amount paid - use a separate page if needed

**MORTGAGE INFORMATION**

Name of 1<sup>st</sup> Mortgagee \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Loan # \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.