



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY B&E Insurance Associates Inc. 18514 US Hwy 19 North Suite D2 Clearwater, FL 33764		CARRIER		NAIC CODE
CONTACT NAME: B&E Insurance Associates Inc.		NAMED INSURED(S)		
PHONE (A/C, No, Ext): 727-531-9369		POLICY NUMBER		
FAX (A/C, No): 727-531-9379		PLAN	FACILITY CODE	EFFECTIVE DATE
E-MAIL ADDRESS: suedwards@bandeinsurance.com		EXPIRATION DATE		
CODE:	SUBCODE:	AGENCY CUSTOMER ID:		

STATUS OF TRANSACTION

<input type="checkbox"/> NEW	<input type="checkbox"/> POLICY CHANGE	<input type="checkbox"/> TIME	<input type="checkbox"/> AM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW	<input type="checkbox"/> EFFECTIVE DATE	<input type="checkbox"/>	<input type="checkbox"/> PM	
<input type="checkbox"/> POLICY CHANGE	HOW LONG HAVE YOU KNOWN THE APPLICANT			

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last)			APPLICANT'S MAILING ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS *			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL ADDRESS:	
PREVIOUS ADDRESS			CURRENT RESIDENCE	<input type="checkbox"/> Check if same as mailing address	<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED
YEARS AT PREVIOUS ADDRESS (if less than three years):			DATE AT CURRENT RESIDENCE:		
APPLICANT'S EMPLOYER NAME AND ADDRESS			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
YRS WITH CURRENT EMPLOYER:			YEARS IN CURRENT OCCUPATION:		
			YEARS WITH PREVIOUS EMPLOYER:		
CO-APPLICANT'S NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS *			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL ADDRESS:	
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
YRS WITH CURRENT EMPLOYER:			YEARS IN CURRENT OCCUPATION:		
			YEARS WITH PREVIOUS EMPLOYER:		

COVERAGES / LIMITS OF LIABILITY

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$	\$	REPL COST - CONTENTS	INCLUDED		\$
LOSS OF USE	\$	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$	\$	BASE	\$	%	NAMED HURRICANE**
MEDICAL PAYMENTS EA PER	\$	\$	WIND / HAIL	\$	%	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	
HO FORM #:		\$		%		

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

** Not Applicable in North Carolina

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

ACORD 80 (2009/10)

Page 1 of 5

© 1981-2009 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				

GENERAL INFORMATION - RESIDENTIAL

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES?		FARMING HOME OFFICE/BUSINESS	TELECOMMUTER	DAY CARE # OF CHILDREN: _____
2. ANY RESIDENCE EMPLOYEES? # FULL TIME:		DESCRIPTION:	# PART TIME:	DESCRIPTION:
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?				
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?				
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES:		LAND USED FOR:		
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?				
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)				
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)				
9. IS THERE A TRAMPOLINE ON THE PREMISES? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)				
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:				
11. ANY LEAD PAINT?				
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)				
INSURANCE COMPANY:		LIMIT:	CLEANUP/SUBMIT:	
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:				
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?				
START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.
ADD LEVEL sq. ft.	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)				
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:				

GENERAL INFORMATION - RENTERS AND CONDOS ONLY

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:		PHONE (A/C,No):
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					VEHICLE:	BOAT:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/> TRUSTEE						
REFERENCE / LOAN #:						

AGENCY CUSTOMER ID: _____

ATTACHMENTS

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

BINDER / SIGNATURE

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. _____ (Applicant's Initials)

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) B&E Insurance Associates Inc.	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____

LOC #: _____



RESIDENTIAL PROPERTY REPLACEMENT COST INFORMATION SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY B&E Insurance Associates Inc.		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

LOCATION OF PROPERTY (from ACORD 88)

STREET	CITY	COUNTY	STATE	ZIP + 4
--------	------	--------	-------	---------

REPLACEMENT COST INFORMATION

EVALUATION METHOD	# STORIES	GROUND FLOOR AREA SQ FT	TOTAL LIVING AREA SQ FT	EXTERIOR WALL MATERIAL	CONSTRUCTION CLASS / TYPE	RESIDENCE CONDITION				SQUARE FEET	AMOUNT
						<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR		
DESCRIPTION											
AIR CONDITIONING		HEAT DUCTS	SEPARATE DUCTS							N / A	\$
ROOF TYPE										N / A	\$
FINISHED ATTIC		N / A									\$
BASEMENT		CRAWL	SLAB	FULL							\$
BASEMENT REC ROOM		FINISHED	WALKOUT								\$
BREEZEWAY		OPEN	ENCLOSED								\$
PORCH		OPEN	ENCLOSED								\$
SCREEN PATIO ENCLOSURE		FOUNDATION:									\$
FIREPLACE		NUMBER OF:	CHIMNEYS	HEARTHES	PREFAB FIREPLACE					N / A	\$
BALCONY / DECK		N / A									\$
EXTRA BATHS		NUMBER OF:	HALF BATHS	FULL BATHS						N / A	\$
GARAGE TYPE		ATTACHED	CARPORT	BASEMENT	# AUTOS					N / A	\$
		BUILT-IN	DETACHED								\$
ADDITION											\$
TOTAL BUILT-INS VALUE										N / A	\$
LAND IMPROVEMENTS										N / A	\$
OTHER										N / A	\$

ADDITIONAL FEATURES

NO.	VALUE	NO.	VALUE	
	AIR EXCHANGER	\$	OVEN (BUILT-IN)	\$
	AIR HUMIDIFIER	\$	ROOF EXHAUST FAN	\$
	CARBON MONOXIDE DETECTOR	\$	SAUNA	\$
	CEILING FAN	\$	SECURITY AND FIRE ALARMS	\$
	CENTRAL VACUUM SYSTEM	\$	SKYLIGHT	\$
	COUNTERTOP RANGE	\$	SOLID FUEL STOVE	\$
	DISHWASHER	\$	TRASH COMPACTOR	\$
	DOMESTIC SOLAR HOT WATER HEATER	\$	WASHER (BUILT-IN)	\$
	DRYER (BUILT-IN)	\$	WATER PURIFICATION SYSTEM	\$
	ELECTRONIC AIR FILTER	\$	WATER SOFTENER	\$
	ELEVATOR	\$	WET BAR	\$
	HOT TUB (NOT JETTED TUB)	\$		\$
	INTERCOM SYSTEM	\$		\$
	INTERIOR SPRINKLER SYSTEM	\$		\$

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ATTACHMENTS

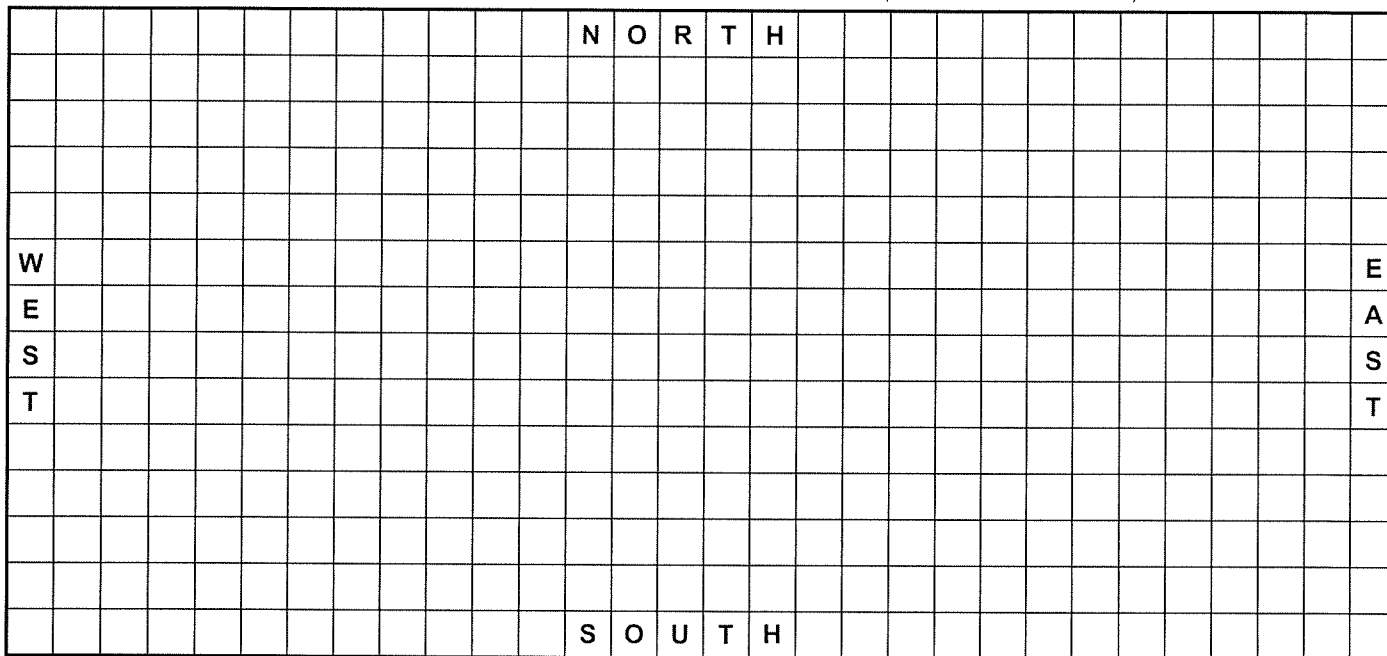
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PHOTOS</td> <td style="width: 50%;"></td> </tr> <tr> <td>BILL OF SALE</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	PHOTOS		BILL OF SALE					
PHOTOS									
BILL OF SALE									

AGENCY CUSTOMER ID: _____

LOC #: _____

PREMISES DIAGRAM

SHOW ALL BUILDINGS ON THE PREMISES (WHETHER INSURED OR NOT) AND DISTANCE IN FEET BETWEEN THEM.
LABEL ALL BUILDINGS AND ATTACH DATED PHOTOGRAPH OF EVERY BUILDING. (INDICATE "NC" IF NOT COVERED)



NOTES (HOW TO GET THERE, NEAREST CROSS STREET, ETC):

PHOTOS

