

CABRILLO GENERAL INSURANCE AGENCY, INC.

P.O. BOX 501210, SAN DIEGO, CA 92150
 Phone 800-681-2045 ext 254 Fax 858-300-0448 - Chuck Garrett - cgarett@cabrillogen.com

Homeowners Insurance Application

Prod Name:		Sub-Producer:			
Prod Addr:		Prod Phone:			
Named Insured - Mailing Address		Effective Date/ Time	Home Phone		
		Additional Interest #1	Loan Number		
Location Address (If Different)			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Add'l Ins <input type="checkbox"/> Yes</td> <td>Mortgagee <input type="checkbox"/> Yes</td> </tr> </table>	Add'l Ins <input type="checkbox"/> Yes	Mortgagee <input type="checkbox"/> Yes
Add'l Ins <input type="checkbox"/> Yes	Mortgagee <input type="checkbox"/> Yes				
		Additional Interest #2	Loan Number		
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Add'l Ins <input type="checkbox"/> Yes</td> <td>Mortgagee <input type="checkbox"/> Yes</td> </tr> </table>	Add'l Ins <input type="checkbox"/> Yes	Mortgagee <input type="checkbox"/> Yes
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DESCRIPTION OF DWELLING

Year Built	Prot. Class	Type of Roof	Type of Construction	Square Footage	No. of Stories	Feet to Hydrant	Miles to Station	Current Repl Cost-No Land	Date Purchased	Market Value with Land
# of Bdrms	# of Baths	Pride of Ownership	Kitchen Grade	Bathroom Grade	Slope of Property	Type of Foundation	Primary or Secondary Residence	Quoted Prem:		
								\$		

APPURTENANT STRUCTURE DESCRIPTION

Description	Year Built	Type of Roof	Type of Construction	Square Footage	Current Repl Cost-No Land

Previous Carrier		Previous Policy Number		Coverages		Limits		
1	Is risk located within 1/4 mile in any direction of any brush, forest or open land?	<input type="checkbox"/> Yes		Dwelling Protection	A Dwelling			
2	Is there a trampoline on the premise?	<input type="checkbox"/> Yes			B Appurtenant Structures		10%	
3	Is there an unfenced pool, spa or jacuzzi?	<input type="checkbox"/> Yes			C Personal Property (Check app Block)		[] 50% [] 70%(RCC)	
4	Are there any diving boards or slides?	<input type="checkbox"/> Yes		Liability Protection	D Loss of Use (Check appr. Block)		[] 30% [] 40%(RCC)	
5	Do any windows have bars on them?	<input type="checkbox"/> Yes			E Personal Liability			
6	Does the dwelling share a common wall with another residence?	<input type="checkbox"/> Yes		Discounts Applied base Premium(A)	F Medical Payments		\$1,000	
7	Any residence employees?	<input type="checkbox"/> Yes			Protective Devices -Max Cr 15%		CR	
8	Is the property currently for sale?	<input type="checkbox"/> Yes			Local Fire, Smoke and/or Burglary	2%	<input type="checkbox"/> Yes	
9	Is the property vacant?	<input type="checkbox"/> Yes			Fire or Police Station Hook-up	3%	<input type="checkbox"/> Yes	
10	Is the property non-owner occupied?	<input type="checkbox"/> Yes			Central Station Hook-up	5%	<input type="checkbox"/> Yes	
11	Any coverage declined, canceled or non-renewed in the last 3 years?	<input type="checkbox"/> Yes			Automatic Sprinklers-Fire			
12	Does the dwelling have any unrepaired damage from a prior claim?	<input type="checkbox"/> Yes			Full	10%	<input type="checkbox"/> Yes	
13	Dogs? If yes, indicate breed and bite history.	<input type="checkbox"/> Yes			Partial	7%	<input type="checkbox"/> Yes	
Please described details of any questions answered yes above.					Gated Community			
Remarks:					Manned 24 hours		12%	<input type="checkbox"/> Yes
					Unmanned		7%	<input type="checkbox"/> Yes
					Non Flammable Roof Credit		5%	<input type="checkbox"/> Yes
					Deductible Credit			
				\$500 (\$100 maximum)		10%	<input type="checkbox"/> Yes	
				\$1,000 (\$200 maximum)		20%	<input type="checkbox"/> Yes	
				\$2,500 (\$300 maximum)		30%	<input type="checkbox"/> Yes	
				Claims Free (No losses last 3 yrs current home)		10%	<input type="checkbox"/> Yes	
				New Loan-New Purchase		10%	<input type="checkbox"/> Yes	
				Personal Injury HO-2482			<input type="checkbox"/> Yes	
				Building Ordinance HO--0477			Included	
				Attach Form	Scheduled Personal Property HO-0461		<input type="checkbox"/> Yes	
				Attach Form	Separate Structure HO-0448		<input type="checkbox"/> Yes	
				Attach Form	Add'l Residence Rented HO-2470		<input type="checkbox"/> Yes	
Pay Plan	<input type="checkbox"/> Full <input type="checkbox"/> Quarterly		Pay Type	<input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee				

