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 - cgarrett@cabrillogen.com

Homeowners Insurance Application

Prod Name:		**Sub-Producer:**	
Prod Addr:		**Prod Phone:**	

Named Insured - Mailing Address	**Effective Date/ Time**	**Home Phone**	**Work Phone**
	Additional Interest #1	**Loan Number**	
		Addl Ins ☐ Yes	**Mortgagee** ☐ Yes
Location Address (If Different)			
	Additional Interest #2	**Loan Number**	
		Addl Ins ☐ Yes	**Mortgagee** ☐ Yes

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			

APPURTENANT STRUCTURE DESCRIPTION

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

Previous Carrier	**Previous Policy Number**

1	Is risk located within 1/4 mile in any direction of any brush, forest or open land?	☐ Yes
2	Is there a trampoline on the premise?	☐ Yes
3	Is there an unfenced pool, spa or jacuzzi?	☐ Yes
4	Are there any diving boards or slides?	☐ Yes
5	Do any windows have bars on them?	☐ Yes
6	Does the dwelling share a common wall with another residence?	☐ Yes
7	Any residence employees?	☐ Yes
8	Is the property currently for sale?	☐ Yes
9	Is the property vacant?	☐ Yes
10	Is the property non-owner occupied?	☐ Yes
11	Any coverage declined, canceled or non-renewed in the last 3 years?	☐ Yes
12	Does the dwelling have any unrepaired damage from a prior claim?	☐ Yes
13	Dogs? If yes, indicate breed and bite history.	☐ Yes

Please described details of any questions answered yes above.

Remarks:

Pay Plan	☐ Full ☐ Quarterly	**Pay Type**	☐ Insured ☐ Mortgagee

Coverages			**Limits**	
Dwelling Protection	A	Dwelling		
	B	Appurtenant Structures	10%	
	C	Personal Property	70%	
	D	Loss of Use	40%	
Liability Protection	E	Personal Liability		
	F	Medical Payments		**$1,000**
Discounts Applied base Premium(A)		Protective Devices -Max Cr 15%	**CR**	
		Local Fire, Smoke and/or Burglary	2%	☐ Yes
		Fire or Police Station Hook-up	3%	☐ Yes
		Central Station Hook-up	5%	☐ Yes
		Automatic Sprinklers-Fire		
		Full	10%	☐ Yes
		Partial	7%	☐ Yes
		Gated Community		
		Manned 24 hours	12%	☐ Yes
		Unmanned	7%	☐ Yes
		Non Flammable Roof Credit	5%	☐ Yes
		Deductible Credit		
		$500 ($100 maximum)	10%	☐ Yes
		$1,000 ($200 maximum)	20%	☐ Yes
		$2,500 ($300 maximum)	30%	☐ Yes
		Claims Free (No losses last 3 yrs current home)	10%	☐ Yes
		New Loan-New Purchase	10%	☐ Yes
		Personal Injury HO-2482		☐ Yes
		Building Ordinance HO--0477		**Included**
	Attach Form	Scheduled Personal Property HO-0461		☐ Yes
	Attach Form	Separate Structure HO-0448		☐ Yes
	Attach Form	Add'l Residence Rented-HO-2470		☐ Yes

APPLICANT/CO-APPLICANT INFORMATION

Appl No.	First Name	Last Name	Date of Birth	Marital Status	Social Security
1					

Appl No.	Employer	Address	City	State	Zip Code	Occupation
1						

LIST PRIOR LOSSES WITHIN THE LAST 3 YEARS

Type of Loss	Date of Loss	Description	Amount

We do inspect all insured locations and verify the information you provided.

APPLICANT'S STATEMENT: I hereby declare to the best of my knowledge that the statements made on this application are material and true and complete and that these statements are made as an inducement to Mid-State Mutual Insurance Company to issue the policy for which I am applying. I further understand and agree that any material misrepresentation shall cause the policy, if issued, to be null and void.

Applicant's Signature X _____ Agent/Broker Signature X _____