



CA WILDFIRE HOMEOWNER'S APPLICATION

Agency _____ Agent Contact _____
Insured Full Name _____ Date of Birth _____
Email Address _____ Phone _____
Effective Date _____

Does the insured have qualifying auto limits of at least 100/300? ☐ Yes ☐ No

COVERED PROPERTY

Street Address _____ City _____ State _____ ZIP _____
Mailing Address Same as Covered Property: ☐ Yes ☐ No (please provide below)
Mailing Address _____ City _____ State _____ ZIP _____

UNDERWRITING DETAILS

Date Home Purchased _____ Year Built _____ Lot Size _____ Acres
Occupancy _____ Square Footage _____
Construction Type _____ Wiring _____
Roof Type _____ Electrical Systems _____
Retrofitted _____ If Yes, Year _____ Primary Heat Source _____
☐ Deadbolt Secondary Heat Source _____
Gated Community _____ Sprinklers _____
Alarm _____ Swimming Pool _____

Renovations (Year)

PC Details

Electrical _____ Protection Class _____
Plumbing _____ Distance to Fire Department _____ miles
Roof _____ Distance to Hydrant _____ ft.
Heating _____
☐ Fire Extinguisher ☐ Knox Box ☐ Approved Fence ☐ Diving Board ☐ Slide

COVERED PROPERTY

Dwelling _____ Other Structures _____ Personal Property _____
Liability _____ Med Pay _____ Deductible _____

(If more than 10%, provide description of other structures to be covered)

Optional Coverages

☐ Identity Fraud ☐ Extended RC _____ ☐ Ordinance or Law _____ ☐ Personal Injury
Workers Comp ☐ Yes ☐ No If Yes # of inservants working 20 hours or more _____
If Yes # of outservants working 10 hours or more _____
Mold & Fungi _____ Water Backup _____



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LOSS HISTORY

Date	Loss Type	Description	Amount Paid	Closed (Y/N)

DOGS, EXOTIC PETS OR FARM ANIMALS ON PREMISES?

Animal Type	Breed	Bite History (Y/N)	Animal Type	Breed	Bite History (Y/N)

GENERAL INFORMATION

- Has any coverage been declined, cancelled or non-renewed during the last three (3) years? ☐ Yes ☐ No
- Any business conducted on premises? ☐ Yes ☐ No
☐ Farming ☐ Telecommuter ☐ Other _____
☐ Day Care: # of Children _____ ☐ Home Office/Business
- Any uncorrected fire or building code violations? ☐ Yes ☐ No
- Is the dwelling / home for sale? ☐ Yes ☐ No
- Is there a trampoline on the premises? ☐ Yes ☐ No If "Yes", is there a safety net enclosure, located in a fenced yard, secured to the ground and covered with manufacturer's padding? ☐ Yes ☐ No
- Is the building under construction? ☐ Yes ☐ No

ADDITIONAL INTEREST

	Additional Interest 1	Additional Interest 2	Additional Interest 3
Interest Type			
Interest Name			
Interest Address			
Interest City, State, ZIP			
Interest Reference/Loan #			



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PAYMENT PLAN

Billing

Payment Plan

Payment Method

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.

YOUR CONFORMED SIGNATURE BELOW SHALL CONSTITUTE YOUR SIGNATURE HERETO, AND SUCH SIGNATURE SHALL CREATE A VALID BINDING OBLIGATION WITH THE SAME FORCE AND EFFECT AS IF SUCH CONFORMED SIGNATURE WERE THE ORIGINAL THEREOF.

Producer's Name _____
Please print

Producer's Signature _____

Insured's Name _____
Please print

Applicant's Signature _____