

Date	Broker	New or Renewal	Previous Carrier																																		
Applicant Name & Mailing Address		Requested Effective Date	Applicant's Occupation																																		
		Requested Expiration Date	Applicant's Employer																																		
		Mortgagee Name & Address																																			
Home Telephone		RATING INFORMATION ONLY <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:25%;">Year Built</td> <td style="width:25%;">Purchase Date</td> <td style="width:25%;">Square Feet</td> <td style="width:25%;">Market Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;">Construction Type</td> <td colspan="2" style="text-align: center;">Occupancy</td> </tr> <tr> <td style="text-align: center;">Masonry</td> <td style="text-align: center;">Frame/Metal</td> <td style="text-align: center;">Primary</td> <td style="text-align: center;">Secondary</td> </tr> <tr> <td colspan="4" style="text-align: center;">Territory Code</td> </tr> <tr> <td colspan="4"> 1 = Broward, Dade & Palm Beach Counties 2 = All Other Counties </td> </tr> <tr> <td colspan="4" style="text-align: center;">Windstorm Terms</td> </tr> <tr> <td colspan="4"> 1 = Windstorm/Hail Coverage INCLUDED 2 = Windstorm/Hail Coverage EXCLUDED Dwellings located within 3 miles of the nearest tidal waters are ineligible. Dwellings constructed of wood frame or metal are ineligible. </td> </tr> </table>		Year Built	Purchase Date	Square Feet	Market Value					Construction Type		Occupancy		Masonry	Frame/Metal	Primary	Secondary	Territory Code				1 = Broward, Dade & Palm Beach Counties 2 = All Other Counties				Windstorm Terms				1 = Windstorm/Hail Coverage INCLUDED 2 = Windstorm/Hail Coverage EXCLUDED Dwellings located within 3 miles of the nearest tidal waters are ineligible. Dwellings constructed of wood frame or metal are ineligible.					
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Premises Location																																					
Basic Coverages and Limits of Liability (ACV)																																					
Coverages A. Dwelling B. Other Structures C. Personal Property D. Additional Living Expense E. Personal Liability F. Medical Payments Deductibles: \$500 All Perils except 5% Windstorm/Hail (if applicable)	Limits																																				
Underwriting Questions (all questions must be answered)																																					
1. Are there any Roomers or Boarders in the dwelling? 2. Is any business conducted on the premises? 3. Is there a swimming pool? 4. Has the applicant had any losses within the last 3 years? 5. Is the dwelling being rented? 6. Is the dwelling over 20 years old? 7. Is the dwelling currently vacant or unoccupied? 8. Is this a free standing dwelling? 9. Are there any pets on the premises?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:50%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>If yes, the dwelling is ineligible.</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>If yes, no coverage applies.</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>If yes, please explain below.</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>If yes, the dwelling is ineligible.</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>If yes, circuit breakers, roof upgrade/replacement required.</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>If yes, the dwelling is ineligible.</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>If no, the dwelling is ineligible.</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td>If yes, no coverage applies.</td> </tr> </table>		Yes	No			Yes	No	If yes, the dwelling is ineligible.		Yes	No	If yes, no coverage applies.		Yes	No	If yes, please explain below.		Yes	No	If yes, the dwelling is ineligible.		Yes	No	If yes, circuit breakers, roof upgrade/replacement required.		Yes	No	If yes, the dwelling is ineligible.		Yes	No	If no, the dwelling is ineligible.		Yes	No	If yes, no coverage applies.
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Explanations:																																					
Total Cost																																					
Annual Premium + Tax* + EMPA \$2 + Policy Fee \$25 + Inspection Fee \$35 = Total Premium *Tax includes 5% Surplus Lines Tax, 0.1% Service Office Fee, 1% FHCF Fee & 1.4% CPIC Fee																																					
Applicant's Signature & Date		Brokering Agent's Signature & Date																																			
Warranty																																					
I understand that the above information is material to the company's determination whether to accept the risk and is essential for rating purposes. I hereby warrant that all such information is correct. I further warrant that nothing material to the risk has been withheld. I understand that the brokering agent is submitting this application to the company on my behalf and is acting as my agent and is not an agent of the company. Therefore the company is not bound by any representation or warranty made by the brokering agent unless acknowledged by the company in writing.																																					

Broker's Email:

FIRESTONE AGENCY OF FLORIDA, INC.

INSURANCE UNDERWRITERS

1500 University Drive, Suite 212, Coral Springs, FL, 33071

Phone (954) 341-8331 • Fax (954) 345-7620

STATEMENT OF DILIGENT EFFORT**Producing Agent:****SSN:****Name of Agency:****Has sought to obtain:****Type of Coverage:****for****Named Insured:****from the following authorized insurers currently writing this type of coverage:****Authorized Insurer:
Telephone Number:****Name Contacted:
Date of Contact:****The reason(s) for declination by the insurer was (were) as follows:****Authorized Insurer:
Telephone Number:****Name Contacted
Date of Contact:****The reason(s) for declination by the insurer was (were) as follows:****Authorized Insurer:
Telephone Number:****Name Contacted:
Date of Contact:****The reason(s) for declination by the insurer was (were) as follows:****Signature of Producing Agent****Printed or Typed Name of Producing Agent****Document Verified by Surplus Lines Agent: Yes No Date:**