



Associated Underwriters  
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# NEBRASKA SPECIALTY DWELLING INSURANCE APPLICATION

AGENT CODE		<b>Instructions:</b> 1. Complete the <u>entire</u> application 2. Fax it to (402) 592-0962 OR 3. E-Mail it to auw@aunderwriters.com  We will provide you with a quote just as soon as possible.
AGENT NAME		
CONTACT PERSON		
PHONE NUMBER	FAX NUMBER	
POLICY/QUOTE NUMBER		

<b>BINDING</b> You Have <b>NO BINDING AUTHORITY!</b> NO coverage is considered bound without our specific approval! Requested Effective Date ____/____/____
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<b>POLICY INFORMATION</b>	
<b>DWELLING FIRE</b> <input type="checkbox"/> BASICS One (Fire+ EC w/ACV) <input type="checkbox"/> BASICS Three (Comprehensive w/ACV) <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal - Owner Occupied <input type="checkbox"/> Primary <input type="checkbox"/> Vacant (BASICS One Only)	<b>HOMEOWNERS</b> <input type="checkbox"/> Classic ACV (Comprehensive w/ACV) <input type="checkbox"/> Classic CL (Comprehensive w/RC) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal

<b>INSURED INFORMATION</b>			
NAMED INSURED (Last, First, M.I.)		SECOND NAMED INSURED (Last, First, M.I.)	
BUSINESS NAME OR NAME AS IT SHOULD APPEAR ON DECLARATION (APPLIES TO NON-OWNER OCCUPIED RISKS ONLY)			
DATE OF BIRTH (Month, Day, Year) ____/____/____	SOCIAL SECURITY NUMBER ____-____-____	HOME PHONE NUMBER ( ) ( ) ( )	WORKPHONE NUMBER ( ) ( ) ( )
COMPLETE IF A SECOND NAMED INSURED IS TO BE NAMED ON THE POLICY	III	IS THE SECOND NAMED INSURED A FAMILY MEMBER RELATED TO THE NAMED INSURED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		DOES THE SECOND NAMED INSURED HAVE AN INSURABLE INTEREST?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		DOES THE SECOND NAMED INSURED LIVE IN THE DWELLING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU HAD A FOREMOST POLICY CANCELLED OR NON-RENEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>PROPERTY LOCATION ADDRESS</b>				
STREET AND HOUSE NUMBER	CITY	STATE	ZIP CODE	COUNTY
IN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	RESPONDING FIRE DEPARTMENT	FPC	WITHIN 1,000 FT. OF FIRE HYDRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WITHIN 5 MILES OF FIRE DEPT? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>MAILING ADDRESS</b>			
SAME AS PROPERTY ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please provide additional information below.			
STREET AND HOUSE NUMBER	CITY	STATE	ZIP CODE



ELIGIBILITY QUESTIONS		V If question at left is "NO" skip t the next question. If "YES" select options below. V	
<b>Is the Dwelling under renovation?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	Work completed by a licensed contractor? <input type="checkbox"/> NO <input type="checkbox"/> YES Anticipated Completion Date ____/____/____ <input type="checkbox"/> More Than One Apply - Check All That Apply <input type="checkbox"/> Interior Cosmetic <input type="checkbox"/> New Dwelling - Fully - Enclosed* <input type="checkbox"/> Siding Replacement <input type="checkbox"/> Room Addition' <input type="checkbox"/> Window Replacement <input type="checkbox"/> Room Remodel <input type="checkbox"/> Updates to Heat / Electrical / Plumbing- <input type="checkbox"/> Roof Replacement <input type="checkbox"/> Other* _____ Unacceptable - New Dwelling Semi-Enclosed		
<b>Are there EITHER an animal that has caused harm or an unacceptable dog?</b> Unacceptable - Akita, Chow, American Staffordshire Terrier, Presa Canario, Pit Bull, Rottweiler, Doberman Pinscher, Wolf Hybrid or a mix of any breed not listed above. <input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Do you accept animal liability exclusion?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES		
<b>Are there any unusual or exotic animals on premises that would increase liability concerns?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Small Lizards / Iguanas <input type="checkbox"/> Ferrets <input type="checkbox"/> Boa Constrictors / Pythons* <input type="checkbox"/> Other' _____		
<b>Is the property currently uninsured?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	Last date of insurance ____/____/____ <input type="checkbox"/> Policy Lapsed' <input type="checkbox"/> Never Insured*		
<b>Have you been cancelled, declined or non-renewed, including for non-payment, within the past 5 years?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Non-Payment of Premium <input type="checkbox"/> Credit History <input type="checkbox"/> Change In Occupancy <input type="checkbox"/> Dwelling / Other Structures - condition* <input type="checkbox"/> LOSS History <input type="checkbox"/> Vacant <input type="checkbox"/> Unacceptable Animal* <input type="checkbox"/> Dwelling - age or Value <input type="checkbox"/> No Supporting Business <input type="checkbox"/> O her Liability Hazards* <input type="checkbox"/> Prior Carrier Withdrew State/Agency <input type="checkbox"/> Lack of Heat / Electric / Plumbing Updates* <input type="checkbox"/> Other' _____		
<b>Is the electrical service less than 100 AMP?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES*			
<b>Is there a trampoline on premises?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES*	If YES and liability is an policy, do you accept the Trampoline Exclusion? <input type="checkbox"/> NO <input type="checkbox"/> YES		

DWELLING INFORMATION	
YEAR BUILT: _____	YEAR UPDATED (Complete updates only): Plumbing _____ Electrical _____ Heating _____ Roof _____
<b>ROOF TYPE:</b> <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Wood Shake <input type="checkbox"/> Tile <input type="checkbox"/> Other* _____	
<b>SECURITY DEVICES:</b> <input type="checkbox"/> None <input type="checkbox"/> Bars on Windows & Doors <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Central Fire Alarm <input type="checkbox"/> Dead Bolt <input type="checkbox"/> Other' _____ <input type="checkbox"/> Burglar Alarm (Includes both Local & Central)	
<b>Is the dwelling a row house or townhouse joined by more than one common wall?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	
<b>Does the applicant want the landlord package?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	

LOSS HISTORY							
Have there been any losses at this or any other location owned or previously owned by the applicant within the last 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, Please provide information							
DATE	CAUSE (Example: Fire, Wind, Hail)	OCCUPANCY AT TIME OF LOSS?	DESCRIPTION	WAS LOSS LOCATION SAME AS DWELLING LOCATION?	AMOUNT PAID	STATUS	REPAIRED
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES

• Underwriting approval is required

