

# Homeowners Insurance Application

## LOCATION

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parish: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Premium: \_\_\_\_\_

## LOSS HISTORY

Claims within the past 5 years (Explain):

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## APPLICANT INFORMATION

**Applicant's Name** (First, MI, Last) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SS#: \_\_\_\_\_ Martial Status \_\_\_\_\_  
 Applicant's Mailing Address: \_\_\_\_\_

Primary Phone #: (\_\_\_\_) \_\_\_\_\_ Secondary Phone #: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Co-Applicant's Name** (First, MI, Last) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SS#: \_\_\_\_\_  
 Primary Phone #: (\_\_\_\_) \_\_\_\_\_ Secondary Phone #: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## **UNDERWRITING QUESTIONS:**

Has applicant, co-applicant, spouse domestic partner had or been involved in a foreclosure, repossession, or bankruptcy during the past 5 years?		In the past 10 years, has any applicant been convicted of any degree of the crime of arson or of any other insurance-related crime?	
Does the Dwelling have any unrepaired or unmitigated damage?		Does the dwelling have any electrical system other than circuit breakers?	
Does the dwelling have any wiring type other than copper wiring?		Is the property located on more than 5 acres?	
Any uncorrected Fire Code Violations?		Is property a converted commercial building or unconventional in design?	
Is the property condemned or without public utility services?		Is the dwelling under course of construction, renovation or reconstruction?	
Is there any body of water on the property other than a swimming pool?		Any business conducted on premises (including day/child care, farming, etc.)?	
Any coverage declined, cancelled, or non-renewed in the last 3 years?		Does applicant have known vicious dogs (including Doberman, Pit Bull, etc.)?	
Does the applicant own or keep animals other than domestic pets?		Are there other structures on the property?	
Is any part of the residence premises rented to others?			

# COVERAGES

Coverage	Limit	Premium	
Dwelling	\$	\$	
Other Structures	\$	\$	
Personal Property	\$	\$	
Loss of Use	\$	\$	
Personal Liability	\$	\$	
Medical Payments	\$	\$	
DEDUCTIBLE	Amount	Percent	Type
Base	\$	%	
Wind/Hail	\$	%	
Theft	\$	%	

## RATING/UNDERWRITING

Construction Type		Roof Shape
Year Built	# Families	Dogs:
Replacement Cost: \$	Fireplace:	Sprinkler System:
Total Living Area SQ. FT	Swimming Pool:	Foundation Type:
Basement Area SQ. FT	Swimming Pool Enclosure:	Fire Dept Miles:
Garage Area SQ. FT	Swimming Pool:	Fire Hydrant Ft:
Central Burglar Alarm:	Central Fire Alarm:	Smoke Detectors:
Deadbolt:	Fire Extinguisher:	Number of Levels:

## RENOVATION

Renovation	Year
Wiring	
Plumbing	
Heating	
Roof	

Do you wish to receive a Flood Quote?

If so, we will need the Elevation  
Certificate.

Please email photos with application to [chris@arceri-insurance.com](mailto:chris@arceri-insurance.com).

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