

# HO-2 PROGRAM APPLICATION



Underwritten By:  
**INSURANCE INNOVATORS, INC.**  
 PO Drawer 969, Glenside, PA 19038  
 (215)885-7300 Phone • (215)886-2482 Fax

Print or Type \_\_\_\_\_ Renewal of Pol No.: \_\_\_\_\_  
 Applicants \_\_\_\_\_ Producer: \_\_\_\_\_  
 Name and \_\_\_\_\_ Address: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Owner Only \_\_\_\_\_ Owner & One Tenant\*  
 \* See Rating Procedures for A/P  
 Producer Code: \_\_\_\_\_

**All Business MUST be faxed on or prior to Effective date.**

From: Month	Day	Year	To: Month	Day	Year	
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**COVERAGES** (12:01AM STANDARD TIME)

A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	ANIMAL LIABILITY	F. MEDICAL PAYMENT	DEDUCTIBLE
\$	\$ 10% of "A"	\$ 50% of "A"	\$ 20% of "A"	EACH OCCURRENCE \$ \$100,000 Included Insert Optional Higher Limit — \$300,000	— \$10K — \$25K	EACH PERSON  <b>\$1,000</b>	<b>\$500 AOP</b> <b>\$1500 Water</b> <b>\$2500 Water w/\$100 credit</b> <b>2% Cov.A</b> <b>wind/hail</b>

**MORTGAGEE(S) NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**LOAN NUMBER:** \_\_\_\_\_

## UNDERWRITING QUESTIONNAIRE

**This section must be completed in its entirety-Explain "Yes" Answers**

<p>1. Type of Construction _____ Masonry _____ Frame _____                  2. Year of Construction _____                  3. Occupation - Applicant _____ Spouse _____                  4. Protection Class _____                  Class 9 refer to underwriter                  5. Age of roof _____                  Type _____                  6. Electrical Service _____ circuit breaker amps                  (Dwellings must have circuit breakers to be eligible.)                  7. Heating System Type _____                  8. Animals/Reptiles on Premises? _____ YES _____ NO                  Type/Breed _____</p>	<p>9. Prior Carrier _____                  Expiration Date _____                  10. Has the applicant suffered any losses during the last 3 years?                  _____ YES _____ NO What type/amount _____                  11. Has any company canceled or refused insurance to the applicant?                  _____ YES _____ NO _____                  12. Purchase Price of Property _____                  Date of Purchase _____                  13. Number of Stories? _____                  Square Footage? _____                  14. Number of Families? _____                  15. Is there a tenant on premises? _____ Y _____ N</p>
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**NOTICE TO PRODUCER:** This is an application for insurance only. No Binding Authority is extended to the Producer, nor is coverage bound until received and approved by the Insurance Underwriters.

## APPLICANTS STATEMENT

I understand that as a part of this company's routine procedure for reviewing applications for insurance or renewals of insurance policies, a routine inquiry may be made. Such inquiry usually contains information as to an applicant's character, general reputation, personal characteristics and mode of living. If such inquiry is made, further information on the nature and scope of the inquiry is available upon written request. Photographs of the insured property will be taken by a property inspector.

\_\_\_\_\_  
 DATE SIGNATURE OF PRODUCER (REQUIRED) SIGNATURE OF APPLICANT(S)

UNDERWRITING GUIDELINES:

1. Dwellings to be insured to 80% of replacement cost value.
2. Market value of homes should be 70% or more of replacement cost.
3. Eligible dwellings should be in a primary residential area with no vacant or boarded properties adjacent to insured dwelling.
4. Risks with losses should be referred to III for consideration.
5. Coverage is not available for secondary or seasonal residences.
6. Dwellings with spas and unprotected and non-fenced pools are ineligible.
7. **Ineligible risks include** condemned, disrepaired risks located next to vacant properties, seasonal risks, vacant risks, personal bankruptcies, risks with pools or spas, fuses, risks having an underground oil tank or any property with EIFS or EIFS derived cladding.