



HOMEOWNERS APPLICATION

Date: _____

1. Name (Applicant): _____
2. If a new purchase – Closing Date _____ Realtor Name and # _____

INSURABLE INFORMATION

3. Address: _____ County: _____
4. Applicant is: Individual Partnership Corporation Limited Liability Company
5. Titled Owner(If different from name above): _____
6. Construction Type (check one): Frame Masonry Mas-veneer Plas-siding Alum-siding
7. Structure Type (check one): Apart Condo Townhouse Rowhouse Co-op Dwelling
8. Usage Type (check one): Primary Secondary Seasonal Farm COC Vacant
9. Year Built _____ Number of Stories _____ Square Feet _____
10. EFIS (check one): Yes No Within City Limits? _____
11. Basement (check one): None Slab Crawl Partial Full Finished? _____
12. Foundation Type _____ Roof Type _____ Occupied by Owner _____
13. Fire Hydrant less than 1000 ft? _____ Fire Station less than 5 miles? _____
14. Any Renovations?

TYPE	PARTIAL -or- COMPLETE	YEAR
WIRING		
PLUMBING		
HEATING		
ROOFING		
FOUNDATION		

15. Swimming Pool? _____ If Yes, In Ground? _____ Approved Fence? _____ Diving Board? _____
16. Underground Tanks? _____ Sump Pump? _____
17. Central Monitoring (check all that apply): Smoke Temp Burglar
18. Gated Community? _____ 24-hr Security Patrol? _____ Fire Sprinklers? _____ Gas Cut-Off? _____
19. Any In-House employees? _____ If yes, how many work Inside? _____ Work Outside? _____

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Of Hours per week _____ Current WC Insurance? _____

20. Mortgagee/Additional Insured: _____

21. Loss History (date, describe):

22. Prior Insurance Company: _____

23. Prior Policy Term: _____

COVERAGES/LIMITS OF LIABILITY (enter amounts):

ALL PERIL deductible: _____

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DWELLING *OTHER STRUCTURES PERSONAL PROPERTY LIABILITY MEDPAY

24. Earthquake coverage requested? _____ If yes, deductible amount: _____

25. Flood coverage requested? _____ If yes, deductible amount: _____

***OTHER STRUCTURES**

26. List all other structures _____

27. List all purposes the other structures are used for _____

28. List the values for each structure _____

29. Are there any occupants living in any of the other structures (check one): Yes No
If yes, list all occupants _____

Condominium/Coop Specific (30-31)

30. Are there any other Structures i.e. Cabanas, Carports/parking structures, etc. that have been purchased by the unit owner? (Check one): Yes No





31. If so, are these structures insured under the Master Policy or is the unit owner responsible to insure? _____

(Review condominium/coop documents to determine responsibility and also if there is a separate address/deed for the other structure)

32. Any Business in Home? If yes, describe operations _____

Date: _____

Tel #: _____

Signed: _____

Fax #: _____

Print Name: _____

SSN #: _____

Title: _____

Email _____

