

INSTRUCTIONS FOR COMPLETING APPLICATION FOR RESIDENTIAL  
CRIME INSURANCE

*(Also includes important information and changes)*

**Agent name, license number and signature are required. Insured signature is required (see page 4).**

**Coverage should be placed in voluntary market if eligible.**

**All lines of information and signatures on application must be completed to process application.**

In order to be eligible for crime coverage through the Georgia Underwriting Association, the following minimum protective device requirements must be met:

- Exterior doors must be protected with deadbolt locks (minimum 1/2 inch throw) or self-locking dead latches (minimum 1/2 inch latch).
- Sliding glass doors must be secured by secondary locking devices (e.g., charlie bars or pins).
- All basement, first and second story windows and openings to fire escapes will have locks and pins.
- Garage doors must be equipped with key operated or other locking devices.

Additional requirements, as indicated, in the Georgia Underwriting Association Information Bulletin must be met.

**APPLICATION FOR RESIDENTIAL CRIME INSURANCE**

**This Application is Not a Binder of Insurance**

**GEORGIA UNDERWRITING ASSOCIATION**

3355 Annandale Lane, Suite 3, Suwanee, GA 30024-3186

770-923-7431 Fax 770-717-8620 www.GeorgiaUnderwriting.com

**AGENT INFORMATION**

Agency Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, St. Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

If this application is not signed by the insured the agent, it will not be processed. See page 4 for signatures.

I also understand that if photos and necessary documents aren't provided, this application will not be processed.

1. NAME OF APPLICANT FOR INSURANCE \_\_\_\_\_ Tel. No. \_\_\_\_\_

APPLICANT'S MAIL ADDRESS \_\_\_\_\_

4. LOCATION OF PROPERTY \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

INSIDE CITY LIMITS: YES  NO  . WITHIN 1,000 FEET OF STANDARD FIRE HYDRANT: YES  NO

NAME OF AND DISTANCE TO NEAREST FIRE STATION \_\_\_\_\_

5. DESCRIBE TYPE OF BUILDING \_\_\_\_\_ IS THERE A BASEMENT?  NO  YES

SINGLE FAM. RES.  APARTMENT  OTHER: \_\_\_\_\_

6. OCCUPANCY:  OWNER OCCUPIED  TENANT OCCUPIED  SEASONAL

7. ARE ALL MINIMUM PROTECTIVE DEVICE REQUIREMENTS MET?  NO  YES

8. IS THERE AN ALARM ON THE PREMISES?  NO  YES (INDICATE TYPE \_\_\_\_\_)

NOTE: A 5% PREMIUM DISCOUNT CREDIT IS PERMITTED IF THE PREMISES ARE PROTECTED BY A RESIDENTIAL BURGLARY ALARM SYSTEM. MINIMUM CREDIT IS \$2.00 PER POLICY YEAR.

9. GUANUMBER, IF PRIOR OR PRESENT COVERAGE PLACE THROUGH ASSOCIATION \_\_\_\_\_

10. AMOUNT OF COVERAGE REQUESTED:  \$1,000  \$2,000  \$3,000  \$4,000  
 \$5,000  \$6,000  \$7,000  \$8,000  \$9,000  \$10,000

NOTE: TENANTS WHO ARE NOT RELATED TO THE INSURED OR A PERMANENT MEMBER OF HIS/HER HOUSEHOLD AND WHO PAY BOARD OR RENT, MUST PURCHASE A SEPARATE POLICY IN ORDER TO BE INSURED. \$10,000 IS THE MAXIMUM AMOUNT OF COVERAGE AVAILABLE PER INSURABLE PREMISES.

11. PRIOR BURGLARY OR ROBBERY LOSSES (ALL) OF APPLICANT AT THIS OR OTHER LOCATIONS  NO  YES

IF YES, AT IACH LIST WITH DATE(S), TYPE(S), AMOUNT(S).

## IMPORTANT POLICY PROVISIONS

- (1) The policy covers loss due to burglary which means the felonious abstraction of insured property from within the premises by a person making felonious entry.
- (2) The policy covers loss due to robbery, which means the stealing of personal property from the insured listed on the application (or a permanent member of his/her household) by force or threat of force, such as holdup or mugging.
- (3) Damage to the interior of your house or apartment and its contents during a burglary or robbery, or attempted burglary or robbery, is covered. Damage to the exterior of your house at the point of entry is also covered if you are the owner or are legally liable to the owner for the damage.
- (4) The loss of jewelry, furs, fine arts, antiques, coin or stamp collections and articles of gold, silver or platinum is limited to an aggregate per occurrence of \$1,500 or \$500 for any one article. The policy limit for loss of cash is \$200 and for securities is \$500. Loss by theft of firearms is limited to \$2,000 per occurrence.
- (5) The limit for loss or damage is measured by what it would cost to repair or replace the item with another of like kind, quality, and age or the actual cash value at the time of loss. Each loss under your residential policy is subject to a minimum deductible of \$100 or 5% of the gross amount of the loss, whichever is greater.
- (6) If you should have a loss, remember these two important steps in filing a claim under your policy:
  - (a) First, notify your local law enforcement authorities immediately.
  - (b) Report you loss to the insurer either by contacting your agent or broker or by contacting the Georgia Underwriting Association (770) 923-7111.
- (7) Documentation such as receipts, bills of sale or appraisals must be provided to support loss claimed.
- (8) If you share your house or apartment with three or more persons not related to you, each occupant must purchase a separate policy in order to be insured, with coverage limitations.
- (9) If a business is conducted on the premises, it can be insured on a separate commercial policy, as it is not covered by this policy.

### CERTIFICATION OF APPLICANT FOR INSURANCE

**This request is made with the understanding that an inspection may be made of this property. I (we) understand that this request in no way binds any company to afford insurance on the described property. Inspection(s) made under this program and any report of the inspection(s) is for fire and extended coverage insurance underwriting purposes. Regardless of whether a policy is issued, neither the insurer, the Georgia Underwriting Association, the Insurance Services Office, nor any company represented thereby, will be liable for any injury or damage claimed to arise from the inspection(s), the inspection report(s) of the physical condition of the premises, omissions from such inspection(s) or report(s), or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in said inspection report(s). Nothing contained in or omitted from said inspection report(s) shall be construed to infer or imply that the hazardous physical conditions, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection of action report(s) to the Georgia Insurance Department, the Georgia Underwriting Association, Insurance Services Office, insurers and my (our) agent(s) or representative(s).**

**I (we) understand that if coverage is accepted by the Georgia Underwriting Association, the policy will become effective at 12:01 A.M. the day after the Georgia Underwriting Association has received payment of the premium. I (we) further understand that any Agent or Broker that has assisted me (us) in procuring this insurance is not an Agent of the Georgia Underwriting Association, and all actions taken by such Agent or Broker, including the submitting of this application, collecting of premiums, and delivering of policies, are taken solely on my (our) behalf.**

**By signing this application I (we) certify that I (we) have an insurable interest in the property and that all statements contained herein are, to the best of my (our) knowledge, true. I (we) certify that I (we) have made a reasonable effort to obtain insurance and have been unable to obtain it elsewhere. Any willful concealment of misrepresentation of a material fact or circumstance hereon may void any policy issued.**

**FAIR CREDIT REPORTING ACT**

In accordance with the Federal Fair Credit Reporting Act (Public Law 91-508), this notice is to inform you that as part of our procedure for processing your Application for Insurance, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living whichever may be applicable. Further information on the nature and scope of such inquiry, if one is made, is available to you upon written request.

**NOTICE OF INFORMATION PRACTICES**

In applying for insurance with the Georgia Underwriting Association you entrusted us with personal information about yourself. We may seek further information about you, and any person requesting insurance on the application, from other sources.

You have the right to know what kind of information we maintain on our files about you and may have access to that information. You have the right to receive a copy of all personal information we keep on you and if necessary the right to request the correction, amendment or deletion of incorrect information. No information will be disclosed about you without your consent unless the disclosure is necessary for us to conduct our business. Upon receipt of your request, we will furnish you with a more detailed notice of our information practices.

**FOR POLICY ISSUANCE, REMIT THE FOLLOWING:**

For New business written on or after 9/1/2013, a Policy/Inspection Fee of \$50.00 applies. This fee is due with your first payment. Quote, completed Application (including signature of Agent and Applicant), payment, color photos of front and back of risk, Appraisal (if coverage exceeds \$150,000), copy of MSB Valuation Report (if available), copy of previous insurance policy and copy of cancellation or non-renewal notice. A \$25 fee will be imposed on checks returned for Non-Sufficient Funds.

Check should be made payable to **GEORGIA UNDERWRITING ASSOCIATION**

Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ **GROSS PREMIUM REQUIRED**

Pay Plan Option  1  2 or  4

**Applicant:** Before signing below see "Certification of Applicant for Insurance", "Fair Credit Reporting Act" on page 3 and "Notification of Information Practices" on page 4.

*Now accepting electronic signature with last four digits of the social security number.*

Certification Acceptance Signature of Applicant \_\_\_\_\_ Last 4 of Social \_\_\_ \_ \_ \_

Title if applicant is corporation or firm \_\_\_\_\_

Title if applicant is in the name of Estate: Executor, Administrator, or Power of Attorney and attach proper court documentation, Letter of Testamentary, POA etc. \_\_\_\_\_

Date \_\_\_\_\_

I hereby certify that I am a licensed Agent of Georgia. Agent License # \_\_\_\_\_ Expiring \_\_\_\_\_ Agency License # \_\_\_\_\_ Expiring \_\_\_\_\_ In the event a policy is issued and then canceled or insurance thereunder terminated, or a change is made resulting in a return premium due, I agree upon request to return my proportionate share of the commission on such return premium.

*Now accepting electronic signature*

Agent of Record Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_