

Important Notice Changes 12/2015 Please read below

Please do not use the “Submit Form” button at the top of the application. If you submit the application using this button, your application will not be received. The application should be filled out and saved in a location that is easy to locate.

Once a Quick Quote has been filled out and you are ready to submit for processing, you can attach the application and (2) photos to the quote. A payment can be made once the Quick Quote has been successfully submitted referencing the Quick Quote number.

If you need further assistance with the Quick Quote, be sure to reference the Quick Quote Guide located in the GUA website according to product.

More Important Information 2016

We will no longer accept applications by mail, fax or e-mail. . These will be returned. Upload the application to the Instaquote.

Please include a current Cost Estimator/Valuation with all applications except Mobile Homes.

Other changes coming soon:

For property located in the 6 coastal counties of Bryan, Camden, Chatham, Glynn, Liberty and McIntosh a 2% Wind and Hail Deductible will now apply for all new business.

Note: If a new application is required this is considered new business.

For property that is eligible for replacement cost coverage, Homeowner/Dwelling Wind Hail, Commercial and Commercial Wind Hail, an Actual Cash Value Endorsement is now being used for older roofs (see appropriate application for age).

INSTRUCTIONS FOR COMPLETING APPLICATION
FOR DWELLING FIRE 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.

4. Fair Market Value: Information is required in order to complete application.
5. Purchase Price and Purchase Date: Information is required in order to complete application.
6. Construction: Select the box that corresponds to the type of construction. If construction type is mobile home, please furnish the serial number, make, and model name.
8. Water Coverage: Water coverage is optional. It is available for an additional premium. Please refer to the water coverage endorsement on GUA's website. Click on the section titled Water Coverage Endorsement. Amount of coverage must be at least \$20,000 for water coverage to be eligible. (Water Coverage is not available for Mobile Home or Seasonal Dwellings)
9. Deductible: Deductible amounts: \$1,000, \$2,500, \$5,000. ***A 2% Wind Hail Deductible applies for all property in the 6 coastal counties.***
10. Occupancy: Provide if the dwelling is owner or tenant occupied.
11. Seasonal: If the dwelling is not occupied full time, rate as seasonal.
12. # of families: Provide the number of families. A dwelling fire policy (DP-1 form) is for a 1-4 family dwelling only. For rating purposes use 4 units for all multi-units over 4 families, otherwise 1-4 applies. For contents only: use 5 to 8 families for rating if more than 4 units per building.
14. Incidental Occupancy: If there is an Incidental Occupancy in the dwelling, describe the type of occupancy (examples: Barber Shop, Day Care). Contents coverage is optional for Incidental Occupancy. To request Contents coverage for Incidental Occupancy, provide amount on #15.
15. Amount of Insurance Requested: You may use up to 10% of Coverage A, if more coverage is requested, please furnish photos for approval. For Other Structure, payment under this coverage reduces Coverage A limit of Liability by the amount paid for the same loss. ***Please include a current Cost Estimator/Valuation with all applications.***
17. Liability Coverage: Liability Coverage is optional and is available for an additional \$100 premium for \$20,000 in coverage.
18. Flood Coverage: If you are in a flood zone, flood coverage is required.
19. Mortgagee: For each Mortgagee, provide the Name, Mailing Address and Loan Number. Attach a separate page if needed for additional mortgagees.
20. Loss History: If there are no claims, enter "NONE". Provide details for each claim including cause and origin (if it was a fire), amounts paid, dates and repairs made. Attach a separate page if needed.
23. ***If home is over 30 years old, indicate year each utility has been updated:***
Electrical Plumbing Heating """"J XCE""""
""""haaaaaa""""

Hurricane Underwriting Restrictions: No request for increased coverage or new application shall be accepted at any time or period of time during which there exists any portion of a hurricane designated by the U.S. National Weather Service, National Hurricane Center or any successor thereto within the boundaries of 70 degrees west longitude and 20 degrees north latitude until the expiration of 24 hours after such hurricane warning has been lifted.

Coverage begins at 12:01 a.m. the day after payment is received by this Association. Payments should be made payable to Georgia Underwriting Association. For New business written on or after 9/1/2013, a Policy/Inspection Fee of \$50.00 applies. This fee is due with the first payment. A \$25 fee will be imposed for any check that is returned due to non-sufficient funds.

APPLICATION FOR DWELLING FIRE 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	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.
Agency Name _____ Address _____ City, St. Zip _____ Phone _____ Fax _____ Email _____	

APPLICANT INFORMATION

Name _____ Phone _____
 Email _____
 Mailing Address _____
 City _____ State _____ Zip _____

PROPERTY INFORMATION

1. Address of Property _____ County _____
 City: _____ State: GA Zip: _____ City Limits: Inside Outside
 Name of and distance to Fire Station: _____
 Within 1,000 Feet to standard fire hydrant? Yes No

2. Requested date of coverage: _____

3. If prior or present coverage with GUA, what is the policy number? _____

4. Fair market Value _____

5. Purchase Date _____ Purchase Price _____

6. Construction: Frame Joisted Masonry Non-combustible Mobile Home Serial # _____
 Make _____ Model _____

7. # of Stories _____ Year Built _____ Square Footage (Width/Length) _____ Age of Roof _____
 Roof Description: Hip Gable Flat Other Metal Roof Yes No

8. Optional: Water Coverage: Yes No (Water Coverage is not available for Mobile Home or Seasonal Dwellings)

9. Deductible: \$1,000 \$2,500 \$5,000 **A 2% Wind Hail Deductible applies for all property in the 6 coastal counties.**

10. Occupied by: Owner Tenant

11. Seasonal If the dwelling is not occupied full time, rate as seasonal.

12. # of Families _____ (Refer to Instructions if Condo, Apartment or Townhome)

13. Is this for a Builders Risk? Yes No: Is this for a Rehab property? Yes No ***If yes, see Letter of Intent in GUA site, under the Agent Area tab, in Request Forms.** Please furnish a list of the things being done to the property. If a permit is needed for a certain item, please enclose the permit.: Vacant: Yes No

14. If Permitted Incidental Occupancy: Type of occupancy _____

15. Indicate Amount of Insurance Requested:
 Building \$ _____
 Contents \$ _____ Optional: Contents in Incidental Occupancy \$ _____
 Other Structures: You may use up to 10% of Coverage A, if more coverage is requested, please furnish photos for approval. Other Structure \$ _____ Payment under this coverage reduces Coverage A limit of Liability by the amount paid for the same loss.
Please include a current Cost Estimator/Valuation with all applications.

16. Coverage Requested is for a Basic Dwelling Fire Policy:

- FIRE
- FIRE & E.C
- FIRE, E.C. & V&MM

17. Optional: Liability Coverage: Yes No If Yes, complete a – g.

- a) Does occupant own any animals? Yes No If Yes, type and breed (s) _____
- b) Have any of the animals bitten, injured or threatened to injure anyone in the past three years? Yes No
- c) Have any of the animals been the cause of property damage in the past three years? Yes No
- d) Is property clean and free of debris in yard, on porches, in garages, etc.? Yes No
If No, explain: _____
- e) Do all porches and steps have banisters and/or handrails? Yes No
- f) Is there a pool? Yes No If so, is there a fence? Yes No
- g) Are there any liability exposures we should be aware of? Yes No
If Yes, explain: _____

18. Do you have a Flood policy on this property? No Yes

Company _____ Policy # _____

19. MORTGAGEE INFORMATION (if none, write 'none')

Mortgagee Name _____ Loan # _____

Address: _____

Mortgagee Name _____ Loan # _____

Address: _____

Escrow: Yes No (Attach a separate page to list additional Mortgages)

20. REQUIRED: List all losses (property, liability or theft) or enter NONE. Attach a separate page if necessary.

<u>Cause & Origin</u>	<u>Date</u>	<u>Total Claim Amount</u>	<u>Company Payment</u>	<u>Location</u>	<u>Repairs</u>
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21. Is there any unrepaired damage to the building? No Yes If yes, please explain _____

22. Other Comments: _____

23. If home is over 30 years old, indicate year each utility has been updated:

Electrical	Plumbing	Heating ""J XCE
_____	_____	_____ ""aaaaaaa

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 or misrepresentation of a material fact or circumstances 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.

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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 _____

" KJ gt gd { 'ègt v'k' 'vj cv'k'è 'è 'h'egpug' 'Ci gpv'qhl' gqti k'0Ci gpv'N'legpug'%'....."Gzr k' lpi " Ci gpe { 'N'legpug'%'....."Gzr k' lpi "Kp'vj g'è x'gpv'è 'f qle' { 'k'k'w'gf 'è pf 'vj gp' ecpegnf 'qt 'lpust cpeg'vj gt gwpf gt 'vgt o lpcvgf. 'qt'è 'è j cpi g'k'è b cf g't g'w'v'k'pi 'lp'è 't g'w'v'p'f t go kwo 'f wg. 'k'è t gg'w'v'qp't gs wgu'v'q't g'w'v'p' o { 'f t q' r q' t v'k'p'c'v'g'ij ct g'qhl'vj g'èqo o k'k'qp'lp'w'è j 't g'w'v'p'f t go kwo 0' "

Now accepting electronic signature

Agent of Record Signature (REQUIRED) _____ Date _____

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