

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 HOMEOWNERS 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. Coverage and Limits of Liability (Required): Section I: Enter the requested amount of coverage for Dwelling (Coverage A). Limits for Other Structures (10% of Coverage A), Unscheduled Personal Property (50% of Coverage A), and Loss of Use (10% of Coverage A) are included and cannot be changed. Section II: Limits for Personal Liability (\$100,000) and Medical Payments (\$1,000) are included and cannot be changed. ***Please include a current Cost Estimator/Valuation with all applications.***
5. Fair Market Value: Information is required in order to complete application.
6. Purchase Date: Information is required in order to complete application.
8. The number of stories, year built, square footage, and age of roof must be filled in to complete the application.
9. Replacement Cost Coverage: Replacement Cost coverage is optional. Replacement cost coverage for Building is an additional 10% of the base premium. Replacement cost coverage for Contents is an additional 10% of the base premium. Replacement cost coverage for both Building and Contents is an additional 20% of the base premium. ***For roofs 10 years old and older we will add the Actual Cash Value Loss Settlement Windstorm or Hail Losses to Roof Surfacing Endorsement HO GUA 04 93.***
10. Increased theft coverage limit: This coverage is optional. The HO-8 includes \$1,000 of theft coverage as an option; you may request an increased theft coverage limit of \$5,002 (additional \$; 9074 premium="vgttkqt { "55" &83072) or \$7,222 (additional \$1; 7074 premium="vgttkqt { "55"&345082).
11. Water Coverage: Water coverage is optional. Entry of Yes or No is required. If Yes, additional premium is applied. Please refer to the water coverage endorsement on GUA's website. Click on the section titled Water Coverage Endorsement.
12. ***A 2% Wind Hail Deductible applies for all property in the 6 coastal counties.***
13. Flood Policy: Information is required in order to complete application.
14. Mortgagee: For each Mortgagee, provide the Name, Mailing Address and Loan Number. Attach a separate list if additional space is needed.
15. If there are no claims, enter "NONE". Provide details for each claim including cause & origin and repairs made. Attach a separate page if needed.
17. ***If home is over 30 years old, indicate year each utility has been updated:***

<u>Electrical</u>	<u>Plumbing</u>	<u>Heating</u>	<u>""""J XCE</u>
_____	_____	_____	""""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. 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. Payments should be made payable to Georgia Underwriting Association. A \$25 fee will be imposed for any check that is returned due to non-sufficient funds.

APPLICATION FOR HOMEOWNERS 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.

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

Insurance requested is for a single family (free standing) owner occupied Dwelling.
Mobile homes, condos, duplexes, townhouses and multi-family dwellings are not eligible for HO-8.

2. Requested date of coverage: _____
3. If prior or present coverage with GUA, what is the policy number? _____

4. Coverage and Limits of Liability: Section I Section II
A. Dwelling \$ _____ E. Personal Liability (Each Occurrence) \$100,000
B. Other Structures 10% of A
C. Unscheduled Personal Property 50% of A F. Medical Payments to others (Each Person) \$1,000
D. Loss of Use 10% of A

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

5. Fair market Value _____ Replacement Cost Value _____
6. Purchase Date _____ Purchase Price _____

7. Construction: Frame Joisted Masonry
8. # of Stories _____ Year Built _____ Square Footage _____ Age of Roof _____
Roof Description: Hip Gable Flat Other Metal Roof Yes No

9. Optional: Replacement Cost Coverage Building Contents
For roofs 10 years old and older we will add the Actual Cash Value Loss Settlement Windstorm or Hail Losses to Roof Surfacing Endorsement HO GUA 04 93.

10. Optional: Increased theft coverage limit (HO-8 includes \$1,000 of coverage): \$5,222 \$7,222

11. Optional: Water Coverage: Yes No

12. Deductible: \$1,000 \$2,500 \$5,000

A 2% Wind Hail Deductible applies for all property in the 6 coastal counties.

13. Do you have a Flood policy on this property? Yes No
Company _____ Policy # _____

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

Mortgagee Name _____ Loan # _____

Address: _____

Mortgagee Name _____ Loan # _____

Address: _____ Escrow Yes No

(Attach a separate page to list additional Mortgagee)

15. 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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16. Is there any unrepaired damage to the building? No Yes If yes, please explain _____

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

<u>Electrical</u>	<u>Plumbing</u>	<u>Heating</u>
_____	_____	_____ "*****J XCE "****'aaaaaaa"

ADDITIONAL INFORMATION:

18. Occupancy and Use Requirements:

- a. The described dwelling is not seasonal.
- b. No business is conducted on the described premises.
- c. The described premise is the only premises where the named insured or spouse maintains residence. You must be occupied 100% of the time to qualify for HO-8.
- d. The insured has no full time residence employee(s). Example: housekeeper/gardener
- e. The insured has no outboard motor(s) or watercraft otherwise excluded under this policy for which coverage is desired.

19. Indicate exception(s), if any, to (18a), (18b), (18c), (18d), or (18e). Absence of entry means "NO EXCEPTION".

20. List location in case of exception to (18c): _____

21. Do you own any animals? Yes No

If yes, type and breed(s): _____

22. Have any of your pets bitten, injured or threatened to injure anyone in the past three years? Yes No

If yes, give details: _____

23. Is someone normally at home throughout the day? Yes No

24. Do you have domestic employees? Yes No (example: housekeeper/gardener)

25. Do all exterior doors have deadbolt locks with at least 1/2-inch throw, or self-locking dead latches with at least 1/2-inch latch? Yes No

26. What special locking devices are used, if any, on your windows? Describe: _____

27. Do you have exterior sliding glass doors? Yes No

If yes, describe locking devices: _____

28. Are key operated or other locking devices provided for garage doors? Yes No

29. Are shrubs and landscaping kept trimmed? Yes No

30. Are downspouts allowed to discharge onto walkways, driveways or patios? Yes No

31. Is your dwelling equipped with a burglar alarm? Yes No (no credit given)

If yes, describe: _____

32. Are exterior door(s) secured? Yes No

33. Are there broken, cracked, uneven or otherwise faulty steps, porches, decks, sidewalks, driveways, patios and/or similar areas? Yes No

If yes, describe: _____

34. Is lighting outside the structure unsafe or inadequate? Yes No

If yes, give details _____

35. Is lighting in hallways and stairways inside the structure, unsafe or inadequate? Yes No

If yes, give details _____

36. Is there absence of or unsafe handrails? Yes No

37. Is there a swimming pool or private pond? Yes No

a. Does installation meet all local regulations including fence? Yes No

ATTACH A REPRESENTATIVE PHOTOGRAPH OF THE RISK – FRONT & BACK VIEW

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, 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 _____