



Homeowners Insurance Application

Please fill out the form to the best of your ability and email your completed form to enrollments@vl-insurance.com. All information will be held strictly confidential.

Section 1: Applicant Information			
Name:			
Address:		City, State, Zip:	
Date of Birth:		Social Security #:	
Home Phone:		Work Phone:	
Email:			
Previous Address:		Previous City, State, Zip:	
Previous Property Insurance Carrier:			
Highest Level of Education:			
Children & Ages:			
Authorized to use credit score?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by:	
Section 2: Building Information			
Year Built:		Building Construction:	
Hydrant within 500 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire station within 5 miles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 3: Rating Information			
Replacement cost of contents:	\$		
Please pick the coverages you prefer or send us a copy of your current policy declarations page.			
Deductible	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1000
Personal	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000
Medical	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000
Section 4: Discount Information			
Burglar Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, central off-site monitoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, central off-site monitoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, hard wire connection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, central off-site monitoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Extinguishers?	
Fire escape ladder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location of ladder:	
Security guard patrol/gated community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe security or community:	
Lightning protection system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Full time caretaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 hour signal community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seismic shut-off value?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Power back-up generator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Temperature monitoring system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
External perimeter protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gas leak detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5: Loss Information			
Any losses in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:			



Section 6: Special Coverage Information

Do you wish to insure any of the following?

Jewelry	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		Value:	\$
Furs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		Value:	\$
Guns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		Value:	\$
Fine arts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		Value:	\$
Silverware	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		Value:	\$
Cameras	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		Value:	\$
Coin collection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		Value:	\$
Musical instruments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		Value:	\$
Wine collection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		Value:	\$
Sports memorabilia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		Value:	\$
Other collectibles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		Value:	\$
Do you have a home safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have jewelry in a blank vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Section 7: Special Property Information

Do you own any of the following?

Timeshare	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
ATV	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Jet ski	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Boat/yacht	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Airplant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Motorcycle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Vacation Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Mobile Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Camper trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Vehicle trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Antique/classic car	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Street rod/race car	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Exotic car	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Car club membership	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Do you participate in "on-track" auto events?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	

Section 8: Flood & Earthquake Insurance Option

Your policy does not automatically include Flood or Earthquake Insurance. Do you wish to receive a quote for Flood and/or Earthquake Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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In connection with this application for insurance, the insurer may review your credit report or obtain or use a credit based insurance score based on the information contained in the report. The insurer may use a third party in connection with the development of your insurance score.

Signature: _____

Date: _____