

Homeowner/Dwelling/Vacant Application Effective:
AGENT/BROKER DOES NOT HAVE BINDING AUTHORITY

Agency Information::		Applicant's Name (or Trust/LLC name) :	
Agent Code:		Email:	Phone No for client.:

LOCATION INFORMATION

Purchase Date:		Square Footage:	
Year Built:		Market Value:	

COVERAGES / LIMITS OF LIABILITY

Form	Coverage A Dwelling	Coverage B Other Structures	Coverage C Personal Property	Coverage D Loss of Use	Personal / Premises Liability Each Occurrence	Med Pay Each Person	Protection Class

DEDUCTIBLE:

WIND DEDUCTIBLE:

EXTENDED REPLACEMENT SELECTED (HO-3 ONLY) - \$250 Additional Premium:
2 Year Option for Coverage D (Loss of Use) (HO-3 Only) - \$150 Additional Premium:

BUILDING INFORMATION

Building Information
Construction Type:
Structure Type:
Usage Type:
Occupancy:
No. Stories:
No. Families:
No. of H/H Residents:
If Vacant date last occupied:
If Seasonal how many months a year is it occupied:

Additional Information
Foundation:
Building Sprinkler:
Alarm:
Swimming Pool:
Approved Fencing:
Diving Board or Slide:
Add liability coverage for the Pool:
Endorse sub-limit of \$50,000 for pets (see exclusions in policy form for types of dogs not covered):

Prior Insurance Information
Prior Carrier:
Policy Number:
Expiration Date: :
Reason for submitting:

LOSS HISTORY

Number of claims/loses, whether or **not** paid by insurance, in the last three years, at **this** or **any** other location: «OPPORTUNITY_HO_NUMBER_OF_CLAIMS»

DATE	TYPE DESCRIPTION OF LOSS	AMOUNT PAID / RESERVED	OPEN / CLOSED
		\$	
		\$	
		\$	
		\$	





PRIVACY POLICY NOTICE

This Privacy Policy outlines our information sharing practices to help you understand how we protect your privacy when we collect and use information about you and the measures we take to safeguard that information.

Information we collect. We may collect non-public personal financial information about you as required by the insurance market with which we seek to place your insurance. This information may be collected from you or other sources as follows:

- Information about our transactions with you, our affiliates, or previous insurers; such as you policy coverage, claim information, premiums and payment history;
- Information we receive from you on applications or questionnaires, such as your occupation, current employer, Social Security and Driver License numbers;
- Information we receive from a consumer reporting agency, such as Equifax; which is obtained for the purpose of ascertaining credit histories. These reports are obtained as underwriting tools to determine bill paying habits and creditworthiness;
- Motor Vehicle reports may also be requested from the State to disclose driving history. By law, Driver History may not be provided to your insurance agent or to you. In the event you need a copy of your driver report, you may request one from the applicable state agency.

Information Security. we restrict access to non-public personal financial information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with Federal and State Regulations to guard your non-public personal financial information.

Information We Share. We do not disclose any non-public personal financial information about our customers or former customers to anyone, *except* as permitted by law. We may disclose non-public personal financial information with insurers and providers. We also may disclose non-public personal financial information about our transactions and experiences with you to our affiliates for purposes of marketing our products and services to you. We may do so without affirmative authorization and the law does not permit you to restrict this disclosure. Please note: information obtained from a report prepared by an insurance support organization (for example for the purpose of detecting and preventing insurance claims and fraud) may be retained by that organization and disclosed to other persons.

Your Access and Correction Rights. Upon written request and presentation of proper identification you may be provided access to recorded personal information including the source of the information and the identity of those to whom we have disclosed personal information. You also have the right to request correction, amendment or deletion of recorded personal information about you. If we agree, we will correct our records. if we do not agree, you may submit a concise statement of dispute, which we will include in any future disclosure of personal information. A request for access or correction may be sent to us at the following address:

Commercial Insurance Group, LLC

1773 S 8th St, Ste. 200, PO Box 60190
Colorado Springs, CO 80960

I agree that this application is not binding upon any Insurer of itself, and my coverage request must first be accepted by the Insurer, or the Agent of the Insurer. I agree that my Broker is not an Agent of the Insurer, but my Representative, and as such has reviewed this application with me, and provided me a completed copy hereof. I agree that if any of the information is false or misleading, that coverage, if provided, shall be null and void. I agree that if any facts are found to be inaccurate, that the premium may be increased from inception to reflect any incremental risk. I hereby authorize any previous insurer to release any claims data applicable to my previous insurance listed herein. By my signature below, and that of my Broker's, I/We affirm that the statements in this application are true to the best of my/our knowledge, and the Applicant qualifies hereunder for coverage. I/We understand that this application will become part of any policy issued, and the statements contained herein will serve as warranties of the Applicant made in obtaining coverage. I/We have reviewed this application together, and the Applicant has had the opportunity to review the coverage applied for, and ask questions relative to such coverage. I/We affirm that there is not any existing unrepaired damage to the property not declared herein, and that the photos provided herewith are an accurate portrayal of the property in its current condition.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____





Commercial Insurance Group, LLC
PO Box 60190
Colorado Springs, CO 80960-0190
Phone: 303-900-2960 Fax: 719-623-4699

AGENT NAME: _____

Note: coverage may differ from request; terms may be more restrictive. Policy contract when issued is provided by insurer non-admitted in the state. There is no direct supervision or jurisdiction of state department of insurance. Insured may not be eligible to participate in any state guaranty fund in the event of carrier insolvency. **FLAT CANCELLATION is not allowed. ALL FEES are fully earned at binding and non-refundable in the event of cancellation.**

Collection Costs: Insured/Agent agrees to pay attorney fee and other collection costs to CIG to the extent permitted by law if this policy is referred to an attorney or collection agency who is not a salaried employee of CIG, to collect any money insured/agent owes under this agreement (Not applicable in KY).



LLOYD'S