



2525 Gambell St., Ste. #305
Anchorage, Alaska 99503

www.insurancecenteralaska.com

Dwelling Fire Application

Name: _____
 Mailing Address: _____

 Street Location: _____
 Legal Description: _____
 Phone Number: _____
 Email Address: _____
 Insured's Occupation: _____

Producer: _____

Mortgagee(s) _____

Policy Period 12.01 a.m.
 Standard Time

Effective Dates:	

Bill to: _____

Distance to:	Fire Station	Fire Hydrant
Protection Class:		Territory:

Dwelling Details: **Single Family** Primary Rental Seasonal

Construction Type: _____
 Square Footage: _____
 Number of Floors: _____
 Year Built: _____

How Many Acres does the Dwelling sit on?: _____

How Long have you know the Applicant? _____

Limits:

Coverages:

Dwelling	_____	(\$5,000 - \$500,000)
Other Structures	_____	(Up to 30% of Cov A)
Personal Property	_____	(Up to 70% Cov A, \$150,000 max)
Additional Expense	_____	(Up to 30% of Cov A)
Theft Coverage	_____	
Personal Liability	_____	
Medical Payments	_____	
Deductible	_____	
Vandalism	_____	
Identity Theft	_____	(\$15,000 Max, mandatory when limit is over \$100,000)

Updates:

Plumbing Update: _____
 Last check by Licensed Contractor: _____
 Wiring Update: _____
 Type of Wiring Installed: _____
 Heating Update: _____
 Type of Heat Installed: _____
 Thermostatically Controlled: Yes No
 Last check by Licensed Contractor: _____
 Wood Stove Present: Yes No
 Roof Update: _____
 Roof Material: _____
 Last check by Licensed Contractor: _____

Underwriting Questions (Please include an explanation for all YES Answers):

Is there any Business conducted on the Premises(Including day/child care)? Yes No _____

Are the Smoke Detectors, Carbon Monoxide Detectors, Fire Extinguishers Present? Yes No _____

Are there any hazards of Landslide / Brush Fire / Flood? Yes No _____

Are there any other structures on the premises? (List: size, value, use) Yes No _____

Is the Applicant not the Full Time Resident of the home? Yes No _____

Is the home vacant or unoccupied at any time? Yes No _____

Are there any Liability Hazards present? Yes No _____

Does the applicant own any pets/animals? (List: number., type, breed, bite history) Yes No _____

Does the applicant own any recreation/premises vehicles? (List type, use) Yes No _____

Has the applicant or any household member been declined, canceled or non-renewed in the last 3 years? Yes No _____

Has the applicant or any household member had any INSURED or UNINSURED losses in the past 5 years? Yes No _____

Prior Carrier / Policy Number / Expiration Date: _____

Is there a working central station burglar and/or fire alarm installed? Yes No _____

Is there dwelling on proceedings for foreclosure? Yes No _____

Does the dwelling have more than a single family unit? Yes No _____

Is the dwelling or any other structures used to store flammables or explosives? Yes No _____

Has the applicant or any household member been convicted of arson or insurance fraud? Yes No _____

Does the dwelling have existing structural damage? Yes No _____

Is the dwelling next to a burned out or abandoned building? Yes No _____

Any auto repair or chemical processing conducted on the premises? Yes No _____

Are there any swimming pool or spa present? Yes No _____

Is the Dwelling up for Sale? Yes No _____

Is there a Trampoline on Premises? Yes No _____

Remarks:

IMPORTANT NOTICE REGARDING THE FAIR REPORTING ACT; IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AS PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM YOU ARE ACQUAINED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CREDIT AND MODE OF LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

NOTICE; A PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT ON THIS APPLICATION WITH THE INTENT TO DECEIVE IS COMMITTING AN INSURANCE FRAUD WHICH MAY BE SUFFICIENT CAUSE TO VOID INSURANCE POLICY COVERAGE ISSUED PURSUANT TO THE APPLICATION.

APPLICANT STATEMENT; I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL THE FOREGOING STATEMENTS ARE TRUE.

Applicant's Signature
& Date

Agent's Signature
& Date
