



## Dwelling Fire Application

2525 Gambell St., Ste. #305

Anchorage, Alaska 99503

[www.insurancecenteralaska.com](http://www.insurancecenteralaska.com)

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Street Location: \_\_\_\_\_  
 Legal Description: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Insured's Occupation: \_\_\_\_\_

Producer: \_\_\_\_\_

Mortgagee(s) \_\_\_\_\_  
 \_\_\_\_\_

Bill to: \_\_\_\_\_

Policy Period  
 12.01 a.m.  
 Standard Time

Effective Dates:

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Distance to:      Fire Station      Fire Hydrant

Protection Class:	Territory:	

Occupancy Type:      Primary      Rental      Seasonal      Vacant

# of Families:      One      Two      Three      Four

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:**

**Updates:**

**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 \_\_\_\_\_  
 Vandalism \_\_\_\_\_  
 Fair Rental Value/  
 Loss of Use \_\_\_\_\_ (Up to 30% of Cov A)  
 Identity Theft \_\_\_\_\_ (\$15,000 Max, mandatory when  
 limit is over \$100,000)  
 Deductible \_\_\_\_\_

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

\_\_\_\_\_