



**DP-1 APPLICATION**

**Check Company Applicable:**

- 070 American Family Home
- 077
- 078
- 080

Policy Number \_\_\_\_\_

*Use only at Direction of Company*

Applicable Program:  EZChoiceD1 (DP-1)

Agency Number \_\_\_\_\_ PHONE: ( 678 ) 682-9700  
FAX: ( 678 ) 893-9088

Subproducer Email Paul@MattLockeAgency.com PHONE: ( 678 ) 682-9700  
FAX: ( 678 ) 893-9088

AGENCY NAME Matt Locke and Associates

SUBPRODUCER NAME \_\_\_\_\_

ADDRESS 6505 Shiloh Road Suite 200

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP Alpharetta, GA 30005

CITY/STATE/ZIP \_\_\_\_\_

**BASIC INFORMATION / CLIENT INFORMATION**

FIRST NAME			MIDDLE INITIAL		LAST NAME			SS #:		DOB:	
EMPLOYER:											
OCCUPATION:											
SECONDARY APPLICANT'S FIRST NAME			MIDDLE INITIAL		LAST NAME			SS #:		DOB:	
OCCUPATION:											
APPLICANT'S HOME PHONE: ( )			WORK PHONE: ( )		PRIMARY INSURED'S						
LOCATION ADDRESS										MARITAL STATUS:	
MAILING ADDRESS (If different than location)			CITY		STATE		ZIP		COUNTY		
EFFECTIVE DATE:											
POLICY TERM IN MONTHS:											
Dwelling Limit / Market Value		Purchase Date		Purchase Price		Year Built		Feet to Fire Hydrant		Inside City Limits?	
		/		\$						<input type="checkbox"/> Yes <input type="checkbox"/> No	
										Town Class Code	

**ELIGIBILITY INFORMATION**

Occupancy		<b>IF RENTAL:</b>			<b>IF VACANT:</b>			Date the dwelling became vacant? _____				
<input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		How many of the applicant's rental dwellings are insured with AMIG? <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10 or more			Reason for Vacancy: <input type="checkbox"/> Pending Sale <input type="checkbox"/> Between Tenancy <input type="checkbox"/> Under Renovation <input type="checkbox"/> Job Transfer <input type="checkbox"/> Estate <input type="checkbox"/> Other							
		Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, dwelling is ineligible.)			<b>*IF VACANT:</b>			Full premium required to bind. Credit card or copy of voided check only.				
# Families		Construction Type		Roof Type			Roof Slope		Electric Type		Style of Home	Square Footage of Home
<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four		<input type="checkbox"/> Frame <input type="checkbox"/> Stucco or Asbestos <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Log		Date Replaced: _____ <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Roll Roofing <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Steel <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Aluminum <input type="checkbox"/> Tin <input type="checkbox"/> Tile <input type="checkbox"/> Fiber Cement / Concrete <input type="checkbox"/> Other			<input type="checkbox"/> Flat <input type="checkbox"/> Pitched		<input type="checkbox"/> Breaker Box <input type="checkbox"/> Fuse Box <input type="checkbox"/> Both Breaker Box and Fuse Box <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other		<input type="checkbox"/> 1 Story <input type="checkbox"/> 1 1/2 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> 2 1/2 Story <input type="checkbox"/> Bi-level <input type="checkbox"/> Tri-level	

**LOSS INFORMATION**

**COVERAGES, LIMITS & PREMIUMS**

Has the applicant had any losses in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Coverages</b>			<b>Limit of Liability</b>		<b>Premium</b>	
If yes, please provide Prior Loss History.				Dwelling Basic Premium			\$ _____		\$ _____	
				Personal Property			\$ _____		\$ _____	
				Increased Adjacent Structures			\$ _____		\$ _____	
				Personal Liability			\$ _____		\$ _____	
				Premises Liability			\$ _____		\$ _____	
				Increased Medical Payments			\$ _____		\$ _____	
				*Deductible Change - Dollar Amount			\$ _____		+/- \$ _____	
				Additional Living Expense			\$ _____		\$ _____	
				Vandalism & Malicious Mischief (Must be same as Coverage A Limit)			\$ _____		\$ _____	
				Inspection Fee (If Applicable)			\$ _____		\$ _____	
				Other _____			\$ _____		\$ _____	
				Other _____			\$ _____		\$ _____	
				<b>Credits / Surcharges</b>						
				*Deductible Change-Percentage Amount			\$ _____		+/- _____%	
				*Other _____			\$ _____		+/- _____%	
How many dwellings are owned by the insured? _____										
Is there any unrepaired damage or boarded-up windows? <input type="checkbox"/> Yes <input type="checkbox"/> No										
							<b>TOTAL POLICY PREMIUM</b>		\$ _____	

**DIRECT BILL INFORMATION**

<b>PAYMENT OPTION - Select One:</b> <input type="checkbox"/> One pay <input type="checkbox"/> Four pay		<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express			Down Payment \$ _____	
OR Do not send \$ Customer will be billed by company *See above if vacant		Card#: _____ - _____ - _____ - _____			Installment Fee \$ _____	
		Expiration Date: _____ Amount to be Charged \$ _____			Amount Enclosed \$ _____	
		Name on Card: _____				
		New Business Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1			Co. Use Only \$ _____	
		At Renewal Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1				

**Georgia Vacant Home Insurance.com**

**1-877-MattLocke (628-8562) or 678-682-9700**

**Fax: 678-893-9088**

## UNDERWRITING INFORMATION

	YES	NO		YES	NO
1. Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
2a. Does the applicant own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>	12a. <i>If yes, what type?</i>		
2b. Does the applicant own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves or wolf hybrids or any mix of these breeds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump		
2c. Does the applicant own any other wild or exotic animals, farm animals or horses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
If yes, please explain: _____			<input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____		
3. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
3a. If yes, is the pool enclosed by a fence at least 4 feet tall with a locking gate or can the steps and ladders to the pool be secured or removed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	16. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
5a. If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>	17. Is the dwelling an earth home, dome home, open pier, still home, row home, townhouse, condominium, or any other non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			18. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	19. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	20. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
8a. <i>If yes, why?</i>			21. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium			22. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state			23. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carrier no longer writes this type of business			24. Is the dwelling located within 1,000 feet of rising water or in an area that is prone to flooding?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Applicant no longer belongs to association or group			25. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____			26. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
9. Name of prior carrier? _____ Exp. Date _____			27. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>			

## LOSS PAYEE INFORMATION

<input type="checkbox"/> Lienholder / Mortgagee	<input type="checkbox"/> Additional Insured	(Please List Contract Seller as Additional Insured.)	
Name _____	Loan Number _____		
Address _____	City _____	State _____	Zip _____
Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is policy being issued for the purpose of providing evidence of insurance for a federally related mortgage loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Lienholder / Mortgagee	<input type="checkbox"/> Additional Insured		
Name _____	Loan Number _____		
Address _____	City _____	State _____	Zip _____
Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## REMARKS

## IMPORTANT NOTICE

As a part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be provided upon written request. You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages.

## BINDER PROVISIONS

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as is used by the company in the state where the risk is located. This binder shall expire 10 days from the effective date or it shall terminate: (1) immediately on notice of cancellation by the named insured or the company, or (2) on its effective date if replaced by a policy with an effective date the same day as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect.

Coverage is not bound until you receive a binder confirmation from Northeast Agencies.

Applicant's Signature _____	Date _____
Agent's Name (Please Print) _____	
Agent's Signature _____	License No. _____
	Date _____

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