



# Dwelling Fire Application Request Form

Fax to **1-888-767-0826**  
Email to **gga@thehelpfulpeople.com**

**Please send the request  
back to my office via:**

☐ Fax   ☐ E-mail

**Requested Effective Date**          /        /       

Customer Name:		Marital Status:		Occupation:	
Co-Applicant:		DOB:		Social Security Number:	
Submission #:		Name of Signing Agent:			

Is dwelling coverage A amount being requested for an other structure only policy such as a pole barn, storage building or camping structure? (No amount of coverage should be listed in the other structure coverage box)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are kerosene or portable space heaters used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Should roof exclusion be attached to policy (DP3 only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the structure a boathouse or covered slip without living quarters? (No amount of coverage should be listed in the other structure coverage box)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dwelling an earth home, dome home, open pier home, stilt home, condominium, or any other non-conventional design?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of electric? <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Breaker Box <input type="checkbox"/> Fuse Box <input type="checkbox"/> Both Breaker & Fuse <input type="checkbox"/> Other		Does the Row home/townhome contain 8 units or less, and have Fire Walls that extend to the roof separating each unit, and not considered a condominium?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any unrepaired damage or boarded up windows?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have the roof and electric been updated within the last 20 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant own any exotic animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dwelling a manufactured home or a modified manufactured home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant own any Dobermans, Chows, Rottweilers, American Staffordshire Terriers, Pit Bulls, Akitas, Wolves or Wolf Hybrids or any mix of these breeds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the dwelling currently have utilities such as natural gas, electric or water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a swimming pool on the premises? <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the pool enclosed by a fence at least 4' 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"/> Yes <input type="checkbox"/> No	Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any farming conducted on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any business conducted on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dwelling located in a landslide, forest fire or brush fire area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant have any employee associated with the business operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dwelling located on an island or within 1,000 feet of a seacoast, river or other inland waterway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many days has the dwelling gone uninsured immediately prior to the requested effective date?		For dwellings located within 1,000 feet of a river or other inland waterway, does the risk have a separate Flood policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dwelling condemned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dwelling located in an area that is isolated, not accessible by road?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant had similar insurance declined, canceled or non-renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for declined, canceled or non-renewed:			

Name of Prior Carrier:		<b>Loss Payee Information</b> <input type="checkbox"/> Lienholder / Mortgagee <input type="checkbox"/> Additional Insured	
Has the applicant had a past conviction for arson, fraud, or other insurance related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b> _____ <b>Loan #:</b> _____	
Is the dwelling held in the name of a corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Address:</b> _____	
Is the primary heat source for the dwelling thermostatically controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	
Type of thermostatically controlled heat source: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor <input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other:		<b>PAYMENT OPTION—Select One</b>	
		<input type="checkbox"/> One Pay—Full Premium <input type="checkbox"/> Four Pay—25% Down <input type="checkbox"/> E-Z Pay (*EFT—Monthly debits from bank account) Attach form #00220-09-G	
		<b>Credit Card Payment</b> _____ <b>Date of Pmt.</b> _____	
		<b>Credit Card #</b> _____ <b>Exp. Date</b> _____	
		<b>Security Code:</b> _____ <b>Billing Zip Code:</b> _____	
		<b>Name on Card:</b> _____	

Is there a supplemental heat source that is not thermostatically controlled anywhere on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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