4600 East Shea, Suite 100
P. O. Box 30527
Phoenix, Arizona 85046
(602) 494-6900 (800) 228-1710
FAX (602) 494-6999

FIRE APPLICATION

Applicant:	Producer: Account No.	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Business Telephone:	Telephone:	Fax:

Effective From:	To:	☐ Premium Financed **(Down payment must be attached)**	☐ Prepaid at Inception
☐ New	☐ Renewal of Policy No.	Rewrite of Policy No.	Company:

PERILS	AMOUNT OF COVERAGE	RATE	ANNUAL PREMIUM
Fire, Lightning			$
Extended Coverage			
Ded: ☐ $100 ☐ $250 ☐ Other $ Prot. Class:		**TOTAL PREMIUM**	**$**
Occupancy: ☐ Owner ☐ Tenant ☐ Seasonal		POLICY FEE	
Location:		INSPECTION FEE	
City: County: State:		**TOTAL POLICY CHARGE**	$

Prior Carrier: Loss Experience Last 3 Years:

ITEM NO.	AMOUNT	PERCENT CO-INS.	DESCRIPTION OF PROPERTY: SHOW TYPE AND YEAR OF CONSTRUCTION, TYPE OF ROOF AND OCCUPANCY OF BUILDINGS COVERED OR CONTAINING THE PROPERTY COVERED. IF DWELLING STATE NUMBER OF FAMILIES.
	$		

Attach Form Numbers (Specify Forms and Edition Dates):

Mortgagee Name, Mailing Address, Loan Number: ☐ Mortgagee ☐ Contract of Sale ☐ Other (specify)

1.

2.

YES NO **PLEASE ANSWER ALL QUESTIONS.**

☐ ☐ Have you or your agency representative personally inspected this risk during the past 60 days, and do you recommend it from the standpoint of ownership and state of repair?

☐ ☐ SEASONAL DWELLING (estimated actual cash value): Building $_____ Contents $_____ Outbuildings $_____
State of Repair _____

☐ ☐ Vacant

☐ ☐ is there participating insurance? If yes, indicate Company and COMPLETE policy information>_____

What losses have occurred during the past three years? _____

Outbuildings:_____ State of Repair:_____

In consideration of the risk involved, I/We agree to pay the premium as stated herein, which is in excess of the published and filed rates for this class of risk.

_____ _____ _____ _____
Applicant's Signature **Date** **Producer's Signature** **Date**

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