

RAMSGATE MANAGING INSURANCE
11865 IH-10 WEST, STE #600 SAN ANTONIO, TX. 78230
PH: 210-690-0407 FAX: 210-690-8280

TEXAS DWELLING PROGRAM

NAMED INSURED: _____

MAILING ADDRESS: _____

SOCIAL SECURITY #: _____ PHONE#: _____

EFFECTIVE DATES OF COVERAGE: _____ TO _____ INSD'S PHONE#: _____

PRIOR CARRIER: _____ POLICY #: _____

CANCELLED/NONRENEWED: _____ IF YES, WHY? _____

DESCRIPTION OF PROPERTY TO BE INSURED:

LOCATION: STREET ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP CODE: _____

CONSTRUCTION: _____ NO. STORIES: _____ PROTECTION CLASS: _____

ROOF: _____ AGE: _____ CONDITION (GOOD/FAIR/POOR): _____

OCCUPANCY: BY OWNER: _____ BY TENANT: _____ VACANT: _____ IF SO, HOW LONG? _____

LIMITS: DWELLING: \$ _____ PERSONAL PROPERTY: \$ _____

OTHER STRUCTURE: \$ _____ DESCRIBE: _____

COVERAGES: FIRE: _____ EC: _____ V&MM: _____ OTHER: _____

MORTGAGEE NAME/ADDRESS: _____
(If None, So State)

UNDERWRITING INFORMATION - MANDATORY FOR BINDING:

AGE OF DWELLING: _____ WHEN WAS PLUMBING & WIRING LAST UPDATED: _____

IS DWELLING OCCUPIED ALL YEAR? _____ IF NO, WHY? _____

IS ANY BUSINESS CONDUCTED FROM THIS PREMISES? _____ IF YES, WHAT? _____

IS THIS DWELLING: MOBILE HOME: _____ MODULAR HOME: _____ PREMANUFACTURED HOME: _____

IS DWELLING FOUNDATION: CONCRETE SLAB: _____ PIER & BEAM: _____ PILINGS: _____

IS DWELLING INSIDE CITY LIMITS: _____ DISTANCE TO NEAREST FIRE HYDRANT: _____

IF OUTSIDE CITY LIMITS, HOW FAR TO NEAREST FIRE STATION: _____ PAID: _____ VOLUNTEER: _____

AREA: RESIDENTIAL: _____ COMMERCIAL: _____ MIXED R & C: _____

TYPE OF HEATING: SPACE HEATERS: _____ WALL HEATERS: _____ CENTRAL: _____ FIRE PLACE: _____

SMOKE DETECTORS: _____ FIRE EXTINGUISHERS: _____ ALARM SYSTEM: _____

INSURED'S OCCUPATION: _____

LOSSES LAST 3 YEARS (DATES/TYPE/AMOUNTS): _____

REMARKS: _____

STATEMENTS/SIGNATURE

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING, AND I WARRANT THE CORRECTNESS OF THESE STATEMENTS.

I UNDERSTAND AND ACCEPT THAT THE RATES FOR THIS COVERAGE ARE HIGHER THAN THOSE AVAILABLE BY STANDARD INSURANCE COMPANIES. I FURTHER UNDERSTAND THAT A MINIMUM OF 25% OF THE PREMIUM AND TAXES PLUS 100% OF THE POLICY FEES WILL BE CHARGED IF THIS POLICY IS CANCELLED BY ME OR MY REPRESENTATIVE.

APPLICANT'S SIGNATURE X _____ **DATE:** _____

PRODUCER'S STATEMENT: I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE ABOVE SIGNATURE IS THE PERSONAL SIGNATURE OF THE APPLICANT. I FURTHER CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS EXACTLY AS THE APPLICANT HAS STATED.

PRODUCER'S SIGNATURE: X _____ **DATE:** _____