

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

TEXAS HOMEOWNER'S PROGRAM

HO-A _____ HO-B _____

NAMED INSURED: _____

MAILING ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

LOT: _____ BLK: _____ SUBDIVISION: _____

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

LIMITS OF COVERAGES:

MAIN DWELLING: _____ SEASONAL DWELLING: _____

CONTENTS MAIN DWELLING: _____ OUT BLDGS: _____

LIABILITY: _____ MED PAY: EA PERSON _____ AGG _____

MORTGAGEE:

NAME: _____ LOAN #: _____

ADDRESS: _____

RATING INFORMATION:

DWELLING CONSTRUCTION: _____ NO. STORIES: _____ ROOF: _____

TOWN CLASS/KEY RATE: _____ EC TERR: _____ NO. FAMILIES: _____

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

DISTANCE TO NEAREST FIRE STATION: _____ V.F.D. OR FULL PAID: _____

UNDERWRITING INFORMATION: EXPLAIN ALL YES ANSWERS.

YES NO

- | | | | |
|---|------------------------------------|-------|-------|
| 1. OCCUPATION: _____ | 11. IS VIEW OF HOUSE OBSTRUCTED? | _____ | _____ |
| 2. MARITAL STATUS: _____ | 12. ANY CLAIMS LAST THREE YEARS? | _____ | _____ |
| 3. YEARS AT THIS ADDRESS _____ | 13. SWIMMING POOL TUB/SPA FENCED? | _____ | _____ |
| AGE OF DWELLING _____ | 14. IS THIS A SEASONAL DWELLING? | _____ | _____ |
| 4. IS AREA RURAL _____ RESIDENTIAL _____ | 15. ANY BUSINESS ACTIVITY? | _____ | _____ |
| OR COMMERCIAL _____ | 16. OTHER THAN CENTRAL HEATING? | _____ | _____ |
| 5. VALUES : COST OF DWELLING NEW \$ _____ | 17. IS NEIGHBORHOOD DETERIORATING? | _____ | _____ |
| MARKET VALUE TODAY \$ _____ | 18. DWELLING NEED ANY REPAIRS? | _____ | _____ |
| 6. IS DWELLING A CONDO _____ TOWNHOUSE _____ | 19. APPROVED BURGLAR ALARM SYSTEM? | _____ | _____ |
| 7. SQUARE FOOTAGE: FIRST FLOOR _____ | 20. DOGS OR OTHER HAZARDS? | _____ | _____ |
| SECOND FLOOR _____ | 21. PRIOR CARRIER CANCELLED | _____ | _____ |
| 8. CONDITION: GOOD _____ AVG _____ POOR _____ | OR NON-RENEWED? | _____ | _____ |
| 9. IF OVER 25YRS OF AGE, WHEN WAS WIRING AND | 22. SS# INSURED _____ | | |
| PLUMBING LAST UPDATED? _____ | SS# SPOUSE _____ | | |
| 10. ROOF CONDITION: GOOD _____ AVG _____ POOR _____ | | | |

REMARKS: _____

DATE: _____ AGENT: _____

ADDRESS: _____

INSURED'S SIGNATURE _____

PHONE NO: _____ FAX NO: _____

STATEMENTS/SIGNATURE

IMPORTANT NOTICE REGARDING THE FAIR CREDIT 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 OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM YOU ARE AQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED WITH THE STRICTEST CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CONSUMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

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 underwriter reserves the right to pull a credit report check before or after binding of the policy.

I certify that I understand and accept that the rates for this coverage are higher than that available in the standard insurance market and that these rates are acceptable to me as I have been unable to obtain the desired coverage through the standard insurance market.

I 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:** _____

PRODUCERS STATEMENTS:
I certify that to the best of my knowledge and belief that the signature of the applicant on this application is the personal signature of the applicant. I also certify, under penalty of perjury, that I have made a diligent effort to place this insurance with admitted insurance carriers.

THE FAIR CREDIT REPORTING ACT PRE-NOTIFICATION HAS BEEN GIVEN OR READ TO THE APPLICANT.

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