



ALLIED FINANCIAL NETWORK • 808-824-3626 • 1831 ALA MOANA BLVD STE 205, HONOLULU, HI, 96815

DIRECTIONS

1. Fill in the application by filling in the blue fields on all pages to the best of your ability
2. Please fill in all the fields with the correct information.
3. Email this application to steve@alliedfinancialnetwork.com

Section 1: Applicant Information	
Applicant's Name (First, Middle, Last):	
Applicant's Mailing Address:	
Date of Birth:	Social Security Number:
Marital Status	Primary Email:
Primary Phone #:	Secondary Phone #:
Previous Address:	
Years at previous address (if less than three years):	

Section 1b: Co-Applicant Information	
Co-Applicant's Name (First, Middle, Last):	
Date of Birth:	Social Security Number:
Marital Status / Civil Union:	Primary Email:
Primary Phone #:	Secondary Phone #:

Section 2: Coverages / Limits of Liability	
Dwelling Limit: \$	Other Structures Limit: \$
Personal Property Limit: \$	Personal Liability EA OCC Limit: \$
Medical Payments EA PER Limit: \$	

Section 3: Rating / Underwriting	
Construction Type: <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Masonry	
Siding: <input type="checkbox"/> Aluminum Siding <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl Siding/Plastic <input type="checkbox"/> Cedar, Wood, Shingle <input type="checkbox"/> EIFSCB (on cinder block) <input type="checkbox"/> EIFSS (on studs)	
Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant	
Residence Type: <input type="checkbox"/> Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse <input type="checkbox"/> Rowhouse <input type="checkbox"/> Co-op	
Housekeeping Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average	



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Section 3: Rating / Underwriting (Continued)					
Plumbing Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average					
Roof Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average					
Roof Material:			Primary Heat:		
Smoke Detector Type: <input type="checkbox"/> Central <input type="checkbox"/> Direct <input type="checkbox"/> Local					
Burglar Alarm: <input type="checkbox"/> Central <input type="checkbox"/> Direct <input type="checkbox"/> Local					
Temp: <input type="checkbox"/> Central <input type="checkbox"/> Direct <input type="checkbox"/> Local					
Distance to Fire Hydrant:			Distance to Fire Station:		
Wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Knob & Tube			Last inspected Date:		
Electrical Systems: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses			Number of Amps:		
Year Built:		# Rooms:		# Families:	
Market Value: \$			Replacement Cost: \$		
Total Living Area: sq ft		Basement Area: sq ft		Garage Area: sq ft	
Swimming Pool: <input type="checkbox"/> None <input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground <input type="checkbox"/> Approved Fence <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide					
Dwelling Location: <input type="checkbox"/> In City Limits <input type="checkbox"/> In Fire District <input type="checkbox"/> In Prot Suburb					
Renovations	Part	Comp	Year		
Wiring					
Plumbing					
Heating					
Roofing					
Exterior Paint					
LOCATION SCHEDULE					
Loc#	Street	City	County	State	Zip



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Section 3: Rating / Underwriting (Continued)

Prior Coverage No Prior Coverage

Prior Carrier	Prior Policy Number	Expiration Date

Loss History: Any losses, whether on not paid by insurance at this or any location? Yes No

If yes, indicate below

Loss Date	Loss Type	Description of Loss	Cat#	Amount Paid	Entered by (A)gent (C)ompany	In dispute (Y/N)

Section 4: General Information

Explain all "Yes" Responses

1. Any other insurance with this company? (List policy numbers)

Line of Business:

Policy Number:

Line of Business:

Policy Number:

2. Has any coverage been declined, canceled or non-renewed during the last three (3) years?

Yes No

3. Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the past (5) five years? Yes No

4. Has applicant had a judgment or lien during the past five (5) years? Yes No

5. Any other residence, not listed on an application, owned, occupied or rented? Yes No

6. Has insurance been transferred within agency? Yes No



Section 4: General Information (Continued)

7. Does applicant own any recreational vehicles (Snow Mobiles, Dune Buggies, Mini Bikes, ATVs etc.) Not scheduled on this policy? [] Yes [] No

8. During the last five (5) years [Ten (10) years in Rhode Island] has any applicant been indicted or convicted of any degree of crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? [] Yes [] No (In RI, failure to disclose the existence of an arson conviction is punishable by a sentence of up to one (1) year of imprisonment.)

Section 5: General Information - Residential

1. Any business conducted on premises? [] Yes [] No
[] Farming [] Home Office / Business [] Telecommuter [] Day Care # of Children:

2. Any residence employees? [] Yes [] No # Full Time: Description:
Part Time: Description:

3. Any flooding, brush, forest fire or landslide hazard? [] Yes [] No

4. Are there any exotic pets kept on premises? [] Yes [] No

Animal Type: Breed: Bite History? [] Yes [] No

Animal Type: Breed: Bite History? [] Yes [] No-

5. Is property situated on more than one acre? [] Yes [] No
of Acres: Land used for:

6. Any uncorrected fire or building code violations? [] Yes [] No

7. Is the dwelling / home for sale? [] Yes [] No (no explanation required)

8. Is the property within 300 feet of a commercial or non-residential property? [] Yes [] No
(If "YES", describe in detail)

9. Is there a trampoline on the premises? [] Yes [] No If yes, is there a safety net? [] Yes [] No

10. Was the original structure originally built for other than an private residence and then converted?
[] Yes [] No Original Occupancy:

11. Any lead paint? [] Yes [] No

12. If a fuel tank is on premises, has other insurance been obtained for the tank? [] Yes [] No
(If "Yes", provide the name of the insurance company, the applicable limit and the cleanup sub limit)

Insurance Company: Limit: Cleanup/Sub limit:

13. Is the residence in a gated community? [] Yes [] No Name of Community:

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FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: