

# DFCORBY INSURANCE SERVICES

“Partnering Success With Our Clients”

P.O. BOX 6297 FULLERTON, CA 92834-6297  
Telephone: 714-992-4448 Fax: 714-459-7052 E-mail: [denn@dfcorby.com](mailto:denn@dfcorby.com)  
CA License: 0D94572

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_

LIMIT OF LIABILITY REQUESTED: \$ \_\_\_\_\_

## LOCATION #1

Located at \_\_\_\_\_

\_\_\_ 1 Family \_\_\_ 2 Family \_\_\_ 3 Family \_\_\_ 4 Family  
\_\_\_ Owner \_\_\_ Tenant \_\_\_ Renovation  
\_\_\_ Vacant \_\_\_ Seasonal \_\_\_ Builder's Risk

Year of Construction: \_\_\_\_\_

Updated: \_\_\_ Yes \_\_\_ No

If yes, confirm the date the following items were updated:

Roof: \_\_\_\_\_

Wiring: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Heating & Air Conditioning: \_\_\_\_\_

Physical condition of property: \_\_\_\_\_

## LOCATION #2

Located at \_\_\_\_\_

\_\_\_ 1 Family \_\_\_ 2 Family \_\_\_ 3 Family \_\_\_ 4 Family  
\_\_\_ Owner \_\_\_ Tenant \_\_\_ Renovation  
\_\_\_ Vacant \_\_\_ Seasonal \_\_\_ Builder's Risk

Year of Construction: \_\_\_\_\_

Updated: \_\_\_ Yes \_\_\_ No

If yes, confirm the date the following items were updated:

Roof: \_\_\_\_\_

Wiring: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Heating & Air Conditioning: \_\_\_\_\_

Physical condition of property: \_\_\_\_\_

### Please answer all questions:

- Swimming Pool..... \_\_\_ Yes \_\_\_ No  
Diving board or slide..... \_\_\_ Yes \_\_\_ No  
Fenced and self-locking gate..... \_\_\_ Yes \_\_\_ No
- Any other water exposure, i.e.: ponds, lakes jacuzzi/hot tubs..... \_\_\_ Yes \_\_\_ No
- Dog on premises..... \_\_\_ Yes \_\_\_ No  
Breed of dog(s) \_\_\_\_\_
- Any other animals..... \_\_\_ Yes \_\_\_ No
- Smoke detectors..... \_\_\_ Yes \_\_\_ No

**Please answer all questions:**

- 6. Trampolines.....  Yes  No
- 7. Trip and fall hazards.....  Yes  No
- 8. Steps have secured handrails.....  Yes  No
- 9. Daycare on premises.....  Yes  No
- 10. Number of children \_\_\_\_\_
- 11. Any business on premises.....  Yes  No
- 12. Applicant's Occupation.....  Yes  No
- 13. If under renovation or builder's risk, who is the contractor? (Provide certificate of insurance)  
\_\_\_\_\_
- 14. Adjacent structures, other than a garage?.....  Yes  No  
If yes, what are they used for: \_\_\_\_\_  
\_\_\_\_\_
- 15. Acreage?.....  Yes  No  
If yes, what is it used for: \_\_\_\_\_  
\_\_\_\_\_
- 16. Any losses in the past five years? \_\_\_\_\_
- 17. Has any company cancelled, nonrenewed or refused coverage to the applicant? (Not applicable to Missouri applicants).....  Yes  No
- 18. Explain all "yes" answers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIOR CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**NOTE-->** Include photo of premises with application.

**APPLICANT'S STATEMENT**

I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof.

Applicant's Signature \_\_\_\_\_ Applicant's Phone \_\_\_\_\_

Date \_\_\_\_\_