

Date:			
Agency/Broker:			
Policy No.:			
Status:	<input type="checkbox"/> New	<input type="checkbox"/> Renew	
<input type="checkbox"/> Policy Change	Eff. Date:		

Island Home Insurance Company
 StayWell Guam, Inc.
 520 Route 8
 Maite, GU 96910
 T:671-477-5091 ext. 1130



Island Home Insurance
 Company



StayWell
 INSURANCE

APPLICANT INFORMATION

Name of Applicant (First, Middle, Last)			
Date of Birth:		Email:	
Home Phone:		Cell Phone:	Work Phone:
Employer Name & Address:			
Mailing Address:			
Physical Address:			
Name of Co-Applicant (First, Middle, Last)			
Date of Birth:		Email:	
Home Phone:		Cell Phone:	Work Phone:
Employer Name & Address:			
Mailing Address:			
Physical Address:			

PROPERTY INFORMATION

Location of property:											
Legal Description:											
Rent	<input type="checkbox"/>	Monthly Rent:	Own	<input type="checkbox"/>	Mortgage:	Mortgagee(s):					
Appraisal Date:		Insurance declined, cancelled or non-renewed within 5 years?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, give reason(s):											
Is home undergoing renovation or reconstruction?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of inspection:		
Estimated completion date:				Any loss in the last 3 years at this location?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If owned, do you reside in the house?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Fire or Burglar Alarm?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any business conducted on the premise?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any metal/tin/wooden roofing?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has applicant any lapse in coverage?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Is Typhoon desired?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other insurance with this company?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any fire, flood, landslide hazard?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

LOSS HISTORY

Date:	Type:	Amount:
Description:		
Date:	Type:	Amount:
Description:		

ADDITIONAL INTEREST

Name & Address:			
Mortgage	<input type="checkbox"/>	Add'l Interest	<input type="checkbox"/>
Loan No.:		INT #:	
Name & Address:			
Mortgage	<input type="checkbox"/>	Add'l Interest	<input type="checkbox"/>
Loan No.:		INT #:	

I have read the above application and any attachments. I declare that the information in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Applicant Signature: _____ Date: _____

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UNDERWRITING

Year Built:	Construction of Dwelling	AA – Monolithic Reinforced	A	B
Single Family Dwelling	Duplex	Typhoon Shutter	Type: Metal/Aluminum	Wooden
Previous Carrier:				
Coverage Period	Eff. Date:	Exp. Date:	Automatic Renewal	Yes No

COVERAGE LIMITS

Dwelling:	\$	Contents:	\$	Personal Liability:	Standard \$100,000	Other:	\$
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DEDUCTIBLE

Fire/AOP	\$	Earthquake	\$	Typhoon	\$
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PAYMENT PLAN

Account #:					
Direct Bill		Applicant Bill		Mail Policy To	
Bill Applicant	Bill Mortgagee	Full Pay	Agent	Applicant	

PROPERTY MAP

Please draw a map to the property. Please include as much detail as possible such as landmarks, street names, commercial areas and major thoroughfares.