



Please fax completed applications to 1-800-915-3922
Or E-mail to lindsay@sabalinsurance.com

Application for Homeowners Insurance

GENERAL INFORMATION

Applicant Name: _____ Co-Applicant Name _____
 Applicant Date of Birth: _____ Co-Applicant Date of Birth: _____ Relationship _____
 Name on Deed if different from above _____
 Property Address: _____
 City: _____ State: _____ County: _____ Zip: _____
 Mailing Address: _____
 City: _____ State: _____ County: _____ Zip: _____
 Phone: _____ Email Address: _____
 How did you hear about us? _____

Is this a new purchase? Yes No If yes, estimated closing date: _____
 Do you have current home insurance coverage? Yes No Was previous coverage non-renewed or cancelled? Yes No
 Current policy period: ____/____/____ to ____/____/____ Insurance Carrier _____

PROPERTY INFORMATION (please circle or fill in answers)

Property Type : Single Family Townhouse Condo Rowhouse Du-Plex Other _____
 Number of Stories _____ Monitored Burglar or Fire Alarm: Yes or No (Please attach Alarm Certificate)
Occupancy: Owner or Tenant Use: Primary Residence Secondary Rental Seasonal
 Months Unoccupied (circle): None Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
 Year Built _____ Year Roof Replaced _____ Electrical/Plumbing Updated _____
 Any claims/losses in the last 10 years? _____
 If Yes, provide date and explain _____
 For Condos: Units in Building _____ Number of Stories in Building _____ Floor Located on _____

**Please note that properties over 30 years old may require 4-point inspection to determine eligibility*
**Homes with roofs over 20 years of age will require proof of updates and more than 3 years of remaining useful life*

REQUESTED COVERAGE

Coverage Type	Amount	Deductibles	Amount
A. Dwelling	\$ _____	Hurricane	Ex-Wind 2% 5% 10%
B. Other Structures	None 2% 5% 10% of A	All Other Peril	\$1000 \$2500 \$5000
C. Personal Property	\$ _____		
OPTIONAL COVERAGES (Circle any desired)	Increased Ordinance or Law Personal Property Replacement Cost	Increased Mold/Fungi Other _____	Sinkhole

Signature of Applicant _____ Date _____

Please attach copies of any 4-point, Roof, or Wind Mitigation Inspections if available