



EXCESS DP2 APPLICATION

Email To: kchampine@amrisc.com

3710-A JOHN PLATT DRIVE - MOREHEAD CITY, NC 28557 - T: 877-284-4900

Producer's Name & Address:

Phone # : ()

Fax # : ()

INSURED'S Name:

EFFECTIVE DATE:

Street Address

City

State

Zip

UNDERWRITING: Please answer the following questions:

Property Address:

Street Address

City

State

Zip

Year Built: _____ Effis or Dryvit (Y/N): _____ Flood Zone: _____ Construction Type: _____

Age of Roof: _____ Type of Roof (Flat, Hip, Gable): _____ Number of Stories: _____

Roof Covering (Metal, Tile, Shingles): _____ Distance to Water: _____ Body of Water _____

Protective devices: _____ Hurricane Straps _____ Windstorm Shutters _____ Strapped

Square Footage: _____ Building currently under construction or renovation? _____ (Y/N)

COVERAGE: (Attach SOV for multi-building locations)

TOTAL REPLACEMENT COST:

UNDERLYING:

LIMIT OF COVERAGE

BUILDING : \$ _____ - \$ _____ = \$ _____

CONTENTS: \$ _____ - \$ _____ = \$ _____

WIND LOSSES:

(Type, Year, Amount)

(Details)

MORTGAGEE(S):

Street Address

City

State

Zip

Loan #:

APPLICANT'S STATEMENT:

I HAVE READ THE ABOVE APPLICATION AND 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. I UNDERSTAND THAT AS A PART OF ROUTINE UNDERWRITING, AN INVESTIGATIVE CONSUMER REPORT OR CREDIT REPORT MAY BE OBTAINED AS WELL AS INSPECTION OF THE PROPERTY FOR WHICH COVERAGE IS BEING REQUESTED. I ALSO UNDERSTAND THAT THIS IS A FULLY EARNED POLICY.

APPLICANT _____ DATE: _____

PRODUCER _____ DATE: _____

(To bind, BOTH Signatures must be on application)