JACKSON SUMNER & ASSOCIATES
Excess & Specialty Lines Broker
www.jsausa.com

Effective Date:
Expiration Date:

NORTH CAROLINA EXCESS PERSONAL LINES PROPERTY APPLICATION

Applicant Name: _____ Applicant Phone: _____
Mailing Address: _____ Applicant Email: _____
Physical Address: _____
Applicant Occupation: _____ Applicant Employer: _____

Property Information:

Construction Type: _____ Sqft: _____
Year Built: _____ Protection Class: _____
Breakaway Walls: ☐ Yes ☐ No Storm Shutters: ☐ Yes ☐ No Type: _____
Distance to the Ocean/Bay/Gulf: _____
Number of Stories: _____ Basement: ☐ Yes ☐ No Enclosed: ☐ Yes ☐ No
Bankruptcy in the last 5 years: ☐ Yes ☐ No
Building Updates: Electrical_____ Full☐ Partial☐ Plumbing_____ Full☐ Partial☐ Roof_____ Full☐ Partial☐ HVAC_____ Full☐ Partial☐
Mortgagee Name: _____ Loan Number: _____
Mortgagee Address: _____

Residential Risks:

Primary Carrier on Policy: _____ Policy Number: _____
Effective Date: _____ Expiration Date: _____

Occupancy: ☐ Primary ☐ Secondary ☐ Seasonal ☐ Rental

Total Dwelling Value: $_____ ☐ RC or ☐ ACV
Underlying Policy Limit on Dwelling: $_____
Excess Dwelling Limit Requested: $_____
Total Other Structures Value: $_____ ☐ RC or ☐ ACV
Underlying Policy Limit on Other Structures: $_____
Excess Other Structures Limit Requested: $_____
Total Contents Value: $_____ ☐ RC or ☐ ACV
Underlying Policy Limit on Contents: $_____
Excess Contents Limit Requested: $_____

Prior Losses:

Date: _____ Amount Paid: $_____ Details: _____
_____
Date: _____ Amount Paid: $_____ Details: _____
_____

This application does not bind the applicant, nor the company, to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

Applicant's Signature: _____ **Date:** _____

Producer's Signature: _____ **Date:** _____

Phone: 800-342-5572 Fax: 828-262-0754 PO Box 2540, Boone, NC 28607