

PRODUCER INFORMATION / PROGRAM SELECTION

Agent Name:	Agent #:	Effective Date:
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APPLICANT / CO-APPLICANT INFORMATION

Name		DOB	
Designee Type: <input type="checkbox"/> N/A <input type="checkbox"/> C/O <input type="checkbox"/> DBA <input type="checkbox"/> Executor <input type="checkbox"/> Trust		Designee Comments:	
Mailing Address			
City	State	Zip	Country
Daytime Phone No.		Evening Phone No.	
Email Address			Social Security #
Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Employer			Employer Phone No.
Co-applicant's Name			DOB
Does the co-applicant live at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Co-applicant Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Co-applicant's Social Security #			

UNDERWRITING

Eligibility Information

Any "Yes" response makes the risk unacceptable and it cannot be written!

	Yes	No
1. Has the applicant been convicted of arson or insurance fraud?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the dwelling have any existing structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the dwelling under construction or major renovation? (Not applicable to the Renovation program.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the dwelling in foreclosure?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there liquid fuel-powered space heaters or any heat reclaiming devices in the dwelling?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the dwelling have other structures or garages with a wood/coal/pellet burning device?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the dwelling have knob and tube wiring or electrical services with less than 100 AMP service?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the dwelling have External Insulation Finish System (EIFS) siding?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Are explosive or flammable materials stored on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Is brush clearance less than 350 feet around the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the dwelling located next to any burned out or abandoned building(s)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the dwelling a mobile home, dome home, log home, straw built home or condominium? (Mobile homes acceptable in the Vacant program.).....	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there childcare, homecare, lodging, auto repair and/or chemical processing conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the dwelling without permanently installed water, electricity and sewage utility services? (Applicable to the DP-2 and DP-3 programs.)	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the dwelling's primary source of heat a wood/coal/pellet burning device?.....	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the construction on the dwelling from the ground up (new construction)? (Applicable to the Renovation program.).....	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the insured/contractor have at least 1 year of experience in conducting renovation projects? (Applicable to the Renovation program.)	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the dwelling completely secured? (Applicable to the Renovation program.).....	<input type="checkbox"/>	<input type="checkbox"/>
19. Is the risk a non-residential dwelling? (Applicable to the Renovation program.)	<input type="checkbox"/>	<input type="checkbox"/>

Underwriting Questions

	Yes	No
1. Does the applicant own a dog?	<input type="checkbox"/>	<input type="checkbox"/>
a. Number of Dog(s) _____		
b. Breed of Dog(s) _____		
2. Has the applicant had a homeowners/dwelling policy cancelled or non-renewed for any reason, other than the carrier is no longer writing this business in the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant been 30 days past due on mortgage payments in the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the dwelling have permanently installed water, electricity and sewage utility services? (Applicable to the DP-1 program.).....	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any unrepaired or existing non-structural damage in the dwelling?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the dwelling been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase.).....	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling attached to, occupied as or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the dwelling on an open foundation or built on stilts, posts or piers?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the dwelling have handrails on all entrances that have 3 or more steps?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there permanently installed steps at all entrances to the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the dwelling within 1,500 feet of water (river or creek) or is it located on an island or in a Special Flood Hazard Area?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there multiple horses, livestock or farm animals on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>

Underwriting Questions (Continued)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 13. Is there a dock, pier or boathouse on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is the home on 5 or more acres? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are farming activities conducted on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are business activities conducted on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has the applicant filed for bankruptcy in the past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is heat maintained in the dwelling? (Applicable to the Vacant and Renovation programs.) | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "Yes" answers! _____

INTERESTED PARTIES

Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City		State		Zip	
Loan Number		Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance				Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name					
Name					
Mailing Address					
City		State		Zip	
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Business Name					
Name					
Mailing Address					
City		State		Zip	
Loan Number		Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No			

PROPERTY INFORMATION

Location Address					
City		State		Zip	
County					
Occupancy: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal <input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Renovation				Year Built	
Purchase Date		Purchase Price		Square Footage	
Property Type: <input type="checkbox"/> 1-4 Family <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Modular Home <input type="checkbox"/> Townhome <input type="checkbox"/> Rowhome		# of Units in Dwelling		Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Brick Veneer	
Plumbing Information: Type: _____		Electrical Information: Type: _____			
Roofing Information: Type: _____		Year Of Last Update: _____		<input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update If Partial, to what extent: _____	
Heating Information: Type: _____					
Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Wood burning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____				Was the device installed by a licensed contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Protective Devices: <input type="checkbox"/> None <input type="checkbox"/> Central Station Fire Alarm <input type="checkbox"/> Central Station Burglar Alarm <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Dead Bolts <input type="checkbox"/> Other: _____					
Additional Information					
Does the applicant (or tenant if tenant occupied) own, keep or shelter any animal with a previous bite history or any non-domestic animals?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the premises have a swimming pool or spa that does not have a four-foot fence with a self-latching gate, motorized pool cover, or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the home a new purchase?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the applicant rent their primary or secondary dwelling to others more than two nights per year?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant been continuously insured with another carrier for the past 36 months with no claims and no lapse in coverage?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Prior Insurer Name: _____					
Has the applicant filed for bankruptcy in the past 36 months?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Bankruptcy: _____					
Is the applicant currently insured with another carrier?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Policy Expiration Date: _____					
Distance to Fire Hydrant: <input type="checkbox"/> 0-1,000 Feet <input type="checkbox"/> Greater than 1,000 Feet		Distance to Fire Station: <input type="checkbox"/> 0-5 Miles <input type="checkbox"/> Greater than 5 Miles		Protection Class	

LOSS EXPERIENCE

Type of Loss: Fire Liability Lightning Theft/Burglary Water/Flood Damage Weather Other: _____
 Date of Loss: _____ Amount Paid: _____
 Description: _____
 Corrective Action Taken: Exposure no longer exists/Removed from property No action taken Protective Device Installed Repaired/Replaced

Type of Loss: Fire Liability Lightning Theft/Burglary Water/Flood Damage Weather Other: _____
 Date of Loss: _____ Amount Paid: _____
 Description: _____
 Corrective Action Taken: Exposure no longer exists/Removed from property No action taken Protective Device Installed Repaired/Replaced

Type of Loss: Fire Liability Lightning Theft/Burglary Water/Flood Damage Weather Other: _____
 Date of Loss: _____ Amount Paid: _____
 Description: _____
 Corrective Action Taken: Exposure no longer exists/Removed from property No action taken Protective Device Installed Repaired/Replaced

COVERAGE

<p>Coverage A Dwelling Limit: _____ Coverage A Loss Settlement: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Full Repair Cost (DP-1/Vacant only)</p> <p>Coverage B Other Structures Limit: _____ Description of Other Structure: _____ _____ Year Built: _____ Square Footage: _____ Excluded Other Structures: <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Excluded Other Structure: _____ _____</p> <p>Coverage C Personal Property Limit: _____ Coverage C Loss Settlement: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value</p> <p>Coverage D Fair Rental Value / Coverage E Additional Living Expense: _____</p>	<p>Coverage L Personal/Premises Liability Limit: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000</p> <p>Coverage M Medical Payments Limit: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p> <p>Deductibles: All Perils <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500</p> <p><input type="checkbox"/> Radio & TV Antennas, Signs & Awnings Limit: _____ <input type="checkbox"/> Limited Theft Limit: _____ <input type="checkbox"/> Earthquake <input type="checkbox"/> Residential Burglary Limit: _____ <input type="checkbox"/> Vandalism or Malicious Mischief (DP-1 only) <input type="checkbox"/> Mine Subsidence – Dwelling <input type="checkbox"/> Mine Subsidence – Other Structures <input type="checkbox"/> Swimming Pool and Spa Exclusion <input type="checkbox"/> All Terrain Vehicle Exclusion <input type="checkbox"/> Livestock Exclusion</p>
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BILLING / ACCOUNTING INFORMATION

***PAYMENT PLANS:** If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected.

1-Pay, 100% payment, plus any applicable taxes and fees 4-Pay, 25% down, plus any applicable taxes and fees
 2-Pay, 50% down, plus any applicable taxes and fees 8-Pay, 20% down, plus any applicable taxes and fees ** Each installment includes a \$6 fully earned service charge*

Initial Payment Amount: _____ Payment Type: Check Money Order Credit Card Check / Money Order Number: _____
 Name as it appears on credit card: _____ Credit card billing address zip code: _____
 Credit Card Type: Visa Mastercard Credit Card #: _____ Expiration Date: _____ CCID #: _____

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agent may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

SPECIFIC BREED ANIMAL EXCLUSION NOTICE: You should be aware that a Specific Breed Animal Exclusion will be attached to your policy and that bodily injury, property damage or any other loss or expense arising out of any occurrence involving any of the following types of animals and/or breeds of dogs will not be covered: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf, Wolf Hybrid, or any mix of these breeds with any other breed whether listed here or not.

X _____ **X** _____
 MUST BE SIGNED (Signature of Applicant) Date MUST BE SIGNED (Signature of Producer) Date

REPLACEMENT COST ESTIMATOR

<p>Has the property been upgraded? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the property on an historic registry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the property been completely renovated in the last 40 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the property have any unique items (custom bar, sauna, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe the custom items: _____ _____ _____</p> <p>Total amount of insurance on custom items: _____</p>	<p>Construction Quality (select one)</p> <p><input type="checkbox"/> Above Average / Upgraded</p> <p><input type="checkbox"/> Average / Standard</p> <p><input type="checkbox"/> Basic / Economic</p> <p><input type="checkbox"/> Expensive / Custom</p> <p><input type="checkbox"/> Modest / Fair</p> <p><input type="checkbox"/> Opulent / Museum Quality</p> <p><input type="checkbox"/> Very Expensive / Luxury</p>	<p>Does the property have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Basement Square Footage: _____</p> <p>Basement Year Built: _____</p> <p>Basement Type (select one)</p> <p><input type="checkbox"/> Basement, Finished below grade</p> <p><input type="checkbox"/> Basement, Finished walk out</p> <p><input type="checkbox"/> Basement, Partially finished</p> <p><input type="checkbox"/> Basement, Partially finished walk out</p> <p><input type="checkbox"/> Basement, Unfinished</p> <p><input type="checkbox"/> Basement, Unfinished walk out</p>																																					
<p>Does the property have a deck? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Deck Square Footage: _____</p> <p>Deck Year Built: _____</p> <p>Deck Type (select one)</p> <p><input type="checkbox"/> Deck, Specialty wood</p> <p><input type="checkbox"/> Deck, Synthetic lumber</p> <p><input type="checkbox"/> Deck, Wood</p>	<p>Does the property have a porch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Porch Square Footage: _____</p> <p>Porch Year Built: _____</p> <p>Porch Type (select one)</p> <p><input type="checkbox"/> Porch, Enclosed</p> <p><input type="checkbox"/> Porch, Open</p>	<p>Does the property have a Garage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Garage Square Footage: _____</p> <p>Garage Year Built: _____</p> <p>Garage Type (select one)</p> <p><input type="checkbox"/> Carport</p> <p><input type="checkbox"/> Garage, Attached</p> <p><input type="checkbox"/> Garage, Built-in</p>																																					
<p>Does the property have other areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Other Area Type (select all that apply)</th> <th style="width: 15%;">Square Footage</th> <th style="width: 15%;">Year Built</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Attic</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Balcony</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Breeze Way</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Carport</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Cellar</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Crawl Space</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Greenhouse</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Half Story</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Other Area Type (select all that apply)	Square Footage	Year Built	<input type="checkbox"/> Attic	_____	_____	<input type="checkbox"/> Balcony	_____	_____	<input type="checkbox"/> Breeze Way	_____	_____	<input type="checkbox"/> Carport	_____	_____	<input type="checkbox"/> Cellar	_____	_____	<input type="checkbox"/> Crawl Space	_____	_____	<input type="checkbox"/> Greenhouse	_____	_____	<input type="checkbox"/> Half Story	_____	_____	<p><input type="checkbox"/> Lanai _____</p> <p><input type="checkbox"/> Living Area Finished _____</p> <p><input type="checkbox"/> Living Area Unfinished _____</p> <p><input type="checkbox"/> Passageway _____</p> <p><input type="checkbox"/> Patio, Covered _____</p> <p><input type="checkbox"/> Pergola _____</p> <p><input type="checkbox"/> Storage Area w/Breakaway Walls _____</p> <p><input type="checkbox"/> Storage Area, Above Ground _____</p> <p><input type="checkbox"/> Storage Area, Below Ground _____</p> <p><input type="checkbox"/> Three-quarter Story _____</p>											
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<p>Foundation Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair</p> <p>General Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair</p> <p>Roof Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair</p> <p>Wall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Repair</p> <p>Debris Removal (state from 1% to 25%): _____</p>	<p>Dwelling Shape (select one)</p> <p><input type="checkbox"/> Contemporary</p> <p><input type="checkbox"/> L-Shaped</p> <p><input type="checkbox"/> Rectangular</p> <p><input type="checkbox"/> Square</p> <p><input type="checkbox"/> Unique</p>	<p>Slope of Site (select one)</p> <p><input type="checkbox"/> Flat</p> <p><input type="checkbox"/> Slight</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Steep</p> <p><input type="checkbox"/> Very Steep</p>																																					
<p>Locale (select one)</p> <p><input type="checkbox"/> Beachfront</p> <p><input type="checkbox"/> City, Large</p> <p><input type="checkbox"/> City, Medium</p> <p><input type="checkbox"/> City, Small</p> <p><input type="checkbox"/> Coastal</p> <p><input type="checkbox"/> Gated Community</p> <p><input type="checkbox"/> Remote, Very</p> <p><input type="checkbox"/> Rural</p> <p><input type="checkbox"/> Suburban</p>	<p>Roof Configuration (select one)</p> <p><input type="checkbox"/> Flat</p> <p><input type="checkbox"/> Gable</p> <p><input type="checkbox"/> Gable with Dormers</p> <p><input type="checkbox"/> Gambrel</p> <p><input type="checkbox"/> Hip</p> <p><input type="checkbox"/> Hip with Gambrel Dormers</p> <p><input type="checkbox"/> Mansard</p> <p><input type="checkbox"/> Multi-level Contemporary</p> <p><input type="checkbox"/> Salt Box</p> <p><input type="checkbox"/> Shed</p>	<p>Foundation Type (select one)</p> <p><input type="checkbox"/> Brick</p> <p><input type="checkbox"/> Concrete Block</p> <p><input type="checkbox"/> Concrete Slab</p> <p><input type="checkbox"/> Fieldstone</p> <p><input type="checkbox"/> Holland Clay Tile</p> <p><input type="checkbox"/> No Permanent Foundation</p> <p><input type="checkbox"/> Pier</p> <p><input type="checkbox"/> Pier and Beam</p> <p><input type="checkbox"/> Pilings</p> <p><input type="checkbox"/> Poured Concrete</p> <p><input type="checkbox"/> Stone</p> <p><input type="checkbox"/> Stone Rubble and Mortar</p> <p><input type="checkbox"/> Treated Wood</p>																																					
<p>Dwelling Style (select one)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> A-Frame</td> <td><input type="checkbox"/> Cottage</td> <td><input type="checkbox"/> Queen Anne</td> </tr> <tr> <td><input type="checkbox"/> Adobe</td> <td><input type="checkbox"/> Farmhouse</td> <td><input type="checkbox"/> Rambler</td> </tr> <tr> <td><input type="checkbox"/> Basic</td> <td><input type="checkbox"/> Log</td> <td><input type="checkbox"/> Ranch</td> </tr> <tr> <td><input type="checkbox"/> Bi-level</td> <td><input type="checkbox"/> Mediterranean</td> <td><input type="checkbox"/> Split Level</td> </tr> <tr> <td><input type="checkbox"/> Bungalow</td> <td><input type="checkbox"/> Mobile Home</td> <td><input type="checkbox"/> Townhouse</td> </tr> <tr> <td><input type="checkbox"/> Cape Cod</td> <td><input type="checkbox"/> Pueblo</td> <td><input type="checkbox"/> Tri-level</td> </tr> <tr> <td><input type="checkbox"/> Colonial</td> <td></td> <td><input type="checkbox"/> Victorian</td> </tr> </table>	<input type="checkbox"/> A-Frame	<input type="checkbox"/> Cottage	<input type="checkbox"/> Queen Anne	<input type="checkbox"/> Adobe	<input type="checkbox"/> Farmhouse	<input type="checkbox"/> Rambler	<input type="checkbox"/> Basic	<input type="checkbox"/> Log	<input type="checkbox"/> Ranch	<input type="checkbox"/> Bi-level	<input type="checkbox"/> Mediterranean	<input type="checkbox"/> Split Level	<input type="checkbox"/> Bungalow	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Cape Cod	<input type="checkbox"/> Pueblo	<input type="checkbox"/> Tri-level	<input type="checkbox"/> Colonial		<input type="checkbox"/> Victorian	<p>Primary Exterior (select one)</p> <p><input type="checkbox"/> Adobe</p> <p><input type="checkbox"/> Aluminum Siding</p> <p><input type="checkbox"/> Brick Masonry</p> <p><input type="checkbox"/> Cedar Siding</p> <p><input type="checkbox"/> Cement Fiber</p> <p><input type="checkbox"/> Clapboard</p> <p><input type="checkbox"/> Concrete Block</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Decorative Wood Shingle</td> <td><input type="checkbox"/> Redwood Siding</td> </tr> <tr> <td><input type="checkbox"/> Drivit / EIFS</td> <td><input type="checkbox"/> Steel Siding</td> </tr> <tr> <td><input type="checkbox"/> Half Log Siding</td> <td><input type="checkbox"/> Stucco</td> </tr> <tr> <td><input type="checkbox"/> Hardboard</td> <td><input type="checkbox"/> Veneer, Face Brick</td> </tr> <tr> <td><input type="checkbox"/> Local Stone</td> <td><input type="checkbox"/> Vinyl Siding</td> </tr> <tr> <td><input type="checkbox"/> Log</td> <td><input type="checkbox"/> Wood Shake / Shingle</td> </tr> <tr> <td><input type="checkbox"/> Masonite</td> <td><input type="checkbox"/> Wood Siding</td> </tr> <tr> <td><input type="checkbox"/> Metal Siding</td> <td></td> </tr> </table>	<input type="checkbox"/> Decorative Wood Shingle	<input type="checkbox"/> Redwood Siding	<input type="checkbox"/> Drivit / EIFS	<input type="checkbox"/> Steel Siding	<input type="checkbox"/> Half Log Siding	<input type="checkbox"/> Stucco	<input type="checkbox"/> Hardboard	<input type="checkbox"/> Veneer, Face Brick	<input type="checkbox"/> Local Stone	<input type="checkbox"/> Vinyl Siding	<input type="checkbox"/> Log	<input type="checkbox"/> Wood Shake / Shingle	<input type="checkbox"/> Masonite	<input type="checkbox"/> Wood Siding	<input type="checkbox"/> Metal Siding	
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<input type="checkbox"/> Log	<input type="checkbox"/> Wood Shake / Shingle																																						
<input type="checkbox"/> Masonite	<input type="checkbox"/> Wood Siding																																						
<input type="checkbox"/> Metal Siding																																							