

21st Century General Agency
HOMEOWNERS

AGENT BINDING CHECKLIST

GENERAL INFORMATION

Name Of Insured _____
Address of Dwelling _____ _____
Home Telephone _____ Cell Phone _____

UNDERWRITING INFORMATION

Policy Will be Funded

Full Pay _____
Direct Bill 2 pay _____
Direct Bill 9 Pay _____
Mortgage Pay _____
CAC Prem Fin _____
Outside Prem Fin _____

First Requested Effective Time/Date _____

Revised Effective Time/Date _____

Is the Insuring Value Within Acceptable Limits _____

ACV Metro 65-110 Small Town 55-75
Replacement Metro 75-120 Small Town 65-110

Agent Checklist (Signatures and each document filled out completely)

Quote Sheet _____
Application or Application Update _____
Remediation Form _____
Disclosure Statement _____
Supplemental Form _____ Replacement if 20years, ACV 50 years
Trampoline Exclusion _____
Animal Exclusion _____
Signed Finance Agreement _____
Security System Certificate _____