HO-3 HOMEOWNER AND DP-3 DWELLING PROGRAM
MVC INSURANCE FAX TO: 925-937-6578
PACIFIC SPECIALTY INS. CO. AND BALBOA INSURANCE CO.

INSURED: **PHONE:** **DOB:** **SS#:**

ADDRESS: **PURCHASE DATE:**

CITY **STATE: CA ZIP:** ***OCCUPIED: OWNER / TENANT***

#FAMILIES (1-4)_____ **ROOF TYPE _____** **ROOF AGE: _____** **TYPE OF CONSTRUCTION:_____**

DWL AMOUNT:_____ **PROT CLS:_____** **FT TO HYDRNT:_____** **MILES TO FD:_____**

YEAR BUILT:_____ **AREA SQFT:_____** **# STORIES:_____** **BATHROOMS:_____**

UPDATE YEAR: ELECTRIC_____ HEATING_____PLUMBING_____ROOF_____

STYLE:
- ○ CAPE COD
- ○ COLONIAL
- ○ BI-LEVEL
- ○ RAISED RANCH
- ○ SPLIT LEVEL
- ○ TRI-LEVEL
- ○ ROWHOUSE END:___ CENTER:___
- ○ TOWNHOUSE: END:_____CENTER:__
- ○ VICTORIAN

EXT WALLS:
- ○ CLAPBOARD
- ○ WOOD SIDING
- ○ WOOD SHAKES
- ○ ALUMINUM SIDING
- ○ VINYL SIDING
- ○ SOLID STONE
- ○ STUCCO ON FRAME
- ○ BRICK VENEER
- ○ SOLID BRICK
- ○ BLOCK (PAINTED)

GARAGE: #CARS_____ ATTACHED / BUILT-IN / CARPORT / DETACHED SQFT_____

HEATING: HEAT AND AIR / HEATING ELECTRIC / HEATING GAS / HEATING OIL

PORCH: NONE / OPEN / CLOSED / SQFT:_____

DECK: NONE / WOOD / REDWOOD SQFT:_____

FOUNDATION: SLAB / CRAWL W/ CLSD FOUND / BASEMENT %_____FINISHED/UNFINISHED

GRADE/SLOPE: FLAT / GENTLE / STEEP (OVER 26 DEGREES

 # OF BALCONIES:_____ SQFT: _____ **LAUNDRY ROOM LOCATED ON 2ND FLOOR? Y / N**

DP-3 LIMITS:	**PERSONAL PROPERTY:**	**SPEC STRUCTURES:**	**LOSS OF RENTS:**

WITHIN 1000FT OF SALT OR 300FT OF FRESH WATER? Y / N IS HOME WITHIN 300FT OF BRUSH: Y / N

ANIMAL: Y / N BREED? _____ BITE HISTORY? Y / N

SMOKE ALARM? Y / N **TRAMPOLINE? Y / N**

THEFT/FIRE ALARM: Y / N LOCAL / CENTRAL **(PLEASE PROVIDE CERTIFICATION)**

COPPER PIPES? Y / N **COPPER WIRING WITH CIRCUIT BREAKERS? Y / N**

SWIM POOL? Y / N FNCD W/SLF LCK? Y / N **DIVING BRD? Y / N SLIDE? Y / N**

LOSS HISTORY-PLEASE PROVIDE DESCRIPTION

DATE OF LOSS	**TYPE**	**AMOUNT**	**COMMENTS**

AGENT: **FAX NUMBER** **PHONE NUMBER**

UPDATED: 1/30/2006