



New Account Form

How did you hear about us? _____

Do you have any current problems with your coverage or service? (If No-what can I help you with?)

Applicant Name _____

Co-applicant Name _____

Phone Number _____

SSN _____ DOB _____

Co-app SSN _____ DOB _____

Current address _____

Number of years at this address or closing date _____

Current coverage (carrier, term dates)? _____

Prior address (if less than 3 yrs) _____

Primary/Seasonal/Rental _____

If seasonal/secondary, home many months unoccupied? _____

Any losses in the last 5 years _____

Year Built _____ Square feet _____ Construction _____ # Stories _____

Pool? _____ Screened Enclosure? _____ Sq ft? _____

Slide/Diving board? _____ Fenced? _____

In a gated community? Y N Name of Subdivision _____

Guarded? Y N Pass Key/Code? Y N

If not in a gated community, does someone check on it if not occupied? Y N

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Age of roof _____ Type (shingle, metal, tile) _____ Hip or Gable _____

Wind Mit is available. Y N (New wind mit needed every 5 yrs, or if roof is replaced or repaired)

4 Point Inspection available? Y N (Required for homes over 20 years old, and upon carrier request)

Shutters or Impact glass on windows? Y N
***has to be on ALL openings (ie, skylights) per wind it

Garage or carport. Y N Attached? Y N Sq Ft _____

Other detached structures? (ie, shed, pool house, MIL quarters) _____

Updates (year updated):
Heating/Cooling _____ Electrical _____ Plumbing _____

Type of pipes? PVC Copper PEX

Any pets? _____ What kind? _____
Bite History? Y N

Any recreational vehicles? (golf cart, ATV, etc) _____

Bankruptcy, repossession or judgements? _____

Distance to Ocean? _____ Distance to Intercoastal? _____

Replacement Cost Value? _____

Mortgagee? _____

Other additional Insured? _____

Fire/Burglar Alarm? Y N Central _____ Local _____

Other protective devices? (ie, fire ext, deadbolt) _____

Distance to fire hydrant? _____ Distance to fire station? _____

Value of contents? _____

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