

# CONTINUATION APPLICATION

Policy Number	Policy Effective Date	Location Number	Process Date	Producer Code

**COMPLETE THE APPLICATION AND RETURN IT WITH THE FULL ESTIMATED ANNUAL PREMIUM PRIOR TO THE DUE DATE SHOWN ON THE POLICY.**

Insured			Producer
---------	--	--	----------

**ATTENTION: FALSE ANSWERS MAY VOID THIS POLICY AND RESULT IN CLAIM DENIALS.**

LOCATION OF PROPERTY:

CITY:  
STATE, ZIP:

- 1.) Property is: ( ) Fully Occupied ( ) Unoccupied ( ) Partly Vacant ( ) Totally Vacant ( ) Seasonal ( ) Secondary
- 2.) Property is: ( ) Owner Occupied ( ) Tenant Occupied ( ) Partly Vacant
- 3.) Have any utilities been disconnected and accounts unpaid for 120 days or more? ( ) Yes ( ) No
- 4.) Has any person with financial interest in this property ever been indicted or convicted of arson or a crime involving a purpose to defraud an insurance company? ( ) Yes ( ) No
- 5.) Is there any other insurance covering this property? ( ) Yes ( ) No
- 6.) Do you own or have any animals in your care, custody or control? ( ) Yes ( ) No
- 7.) If yes, give type of animal(s) and breed(s). \_\_\_\_\_
- 8.) Have any of your pets ever bitten, injured or threatened to injure any person(s) or other animal(s)? ( ) Yes ( ) No
- 9.) Is there a flood insurance policy in force covering this property? If so, please provide the following information:  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Effective Date \_\_\_\_\_
- 10.) For future premiums, do you want us to bill your first mortgagee directly? ( ) Yes-Loan Number Required( ) No

Make any necessary changes to your mortgagee and loan data on the policy change request form.  
(Mortgagee bill is only available on single location policies.)

Mortgage Company \_\_\_\_\_ Loan Number \_\_\_\_\_

- 11.) Do you have a wood stove in the dwelling? ( ) Yes ( ) No
- 12.) Do any businesses operate from this location? ( ) Yes ( ) No
- 13.) Update your current phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_
- 14.) Has there been a change in ownership? ( ) Yes ( ) No

Please use the policy change request form to request any changes you would like to make when your present policy expires. Ensure mortgagee and loan data is accurate. Please read the Adverse Underwriting Decision Notice on the back of this application.  
**IMPORTANT:** A policy if issued is in consideration of the above application for insurance and payment of premiums. I (we) agree to pay any additional premiums that may be due as a result of an inspection and/or determination of proper rates. The foregoing answers are true and complete to the best of my knowledge and shall form the basis for confirmation of any coverage. To the extent permitted by law, I (we) authorize the disclosure of information contained in this application and information relating to any claim for loss under a policy issued pursuant to this application. Signed under the pains and penalties of perjury.

Please Return Application and Premium To:  
**Virginia Property Insurance Association**  
**P. O. Box 5568**  
**Glen Allen, VA 23058**

Please call (804) 591-3700 and ask to speak to customer service if you have any questions.

Applicant's Signature	Date

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE.**