

PRODUCER     CODE:  AGENCY CUSTOMER ID:	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP +4)				NAIC CODE	FACILITY CODE	POLICY #	
	DATE AT CURR RES		CO/PLAN		HOME PHONE #		<input type="text"/>	<input type="text"/>	DAY
	EFFECTIVE DATE		EXPIRATION DATE		BUSINESS PHONE #		<input type="text"/>	<input type="text"/>	DAY
	SUBCODE:		DATE AT CURR RES		HOME PHONE #		<input type="text"/>	<input type="text"/>	EVE

<b>APPLICANT INFORMATION</b>								
PREVIOUS ADDRESS (if less than 3 years)			YRS AT PREV RES	LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Include County & ZIP)				
APPLICANT'S OCCUPATION (State nature of business if self employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS WI CURR EMPL	YEARS W/ PRIOR EMPL	MARR STAT	DATE OF BIRTH	SOCIAL SECURITY#
CO-APPLICANT'S OCCUPATION (State nature of business if self employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS WI CURR EMPL	YEARS W/ PRIOR EMPL	MARR STAT	DATE OF BIRTH	SOCIAL SECURITY#
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:				

COVERAGES / LIMITS OF LIABILITY							DED (Type & Amount)		
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL		
	\$	\$	\$	\$	\$	\$			
							WIND/HAIL		
							THEFT		
							NAMED HURRICANE*		

<b>ENDORSEMENTS</b>		*Not Applicable in NC	
REPLACEMENT COST DWELLING ENTER OTHER ENDORSEMENT(S)		REPLACEMENT COST CONTENTS	
		<b>PREMIUM</b>	
		EST TOTAL PREMIUM	
		\$	
		DEPOSIT	
		\$	
		BALANCE	
		\$	

<b>PAYMENT PLAN</b>					
ACCOUNT#:			MAIL POLICY TO:		
BILLING		IF DIRECT BILL:		IF APPLICANT BILL:	
DIRECT BILL		BILL APPLICANT		FULL PAY	
AGENCY BILL		OTHER:		OTHER:	

<b>RATING/UNDERWRITING</b>															
	FRAME	PLASTIC SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE		USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE			
	MASONRY	ASBESTOS SIDING				DWELLING	TOWNHOUSE	PRIMARY	COC						
	MASONRY VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	ROWHOUSE	SECONDARY	UNOCC						
	ALUMINUM SIDING					CONDO	CO-OP	SEASONAL	VACANT	RENOVATION TYPE			PART	COMP	YEAR
NUMBER OF FIRE DIVS		TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT		PROTECTION DEVICE TYPE			HEAT TYPE		NONE	WIRING		
UNITS IN FIRE DIV					FT	MI	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	PLUMBING			
							CENTRAL				SECONDARY:	HEATING			
FIRE/EC RATE		FIRE DISTRICT / CODE NUMBER				DIRECT				OIL STORAGE TANK LOCATION		ROOFING			
						LOCAL						EXTERIOR PAINT			
DWELLING LOCATION			OCCUPIED BY		DEADBOLT	VISIBLE TO NEIGHBORS		SWIMMING POOL	YES	NO	STORM SHUTTERS				
WITHIN CITY LIMITS		WITHIN PROT SUBURB		OWNER	FIRE EXTINGUISHER	HOUSEKEEPING CONDITION		APPROVED FENCE	ABOVE GROUND	NO	YES	A HURR RES	YES		
WITHIN FIRE DISTRICT				TENANT				DIVING BOARD	IN-GROUND	NO	NO	B GLASS	NO		
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?		# WEEKS RENTED	WIND CLASS		SEMI-RESISTIVE	ROOF TYPE		FOUNDATION	CLOSED		
	YES NO		CLASS SPEC	YES	NO		RESISTIVE	OTHER			OPEN	NONE			
IF REPLACEMENT COST APPLIES: ACORD			40	42 ATTACHED		RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER		FIREPLACES				
BASEMENT SQ FT		GARAGE SQ FT		BREEZEWAY SQ FT		NON-SMOKER LIGHTNING PROTECTION		OTHER	PARTIAL	CHIMNEYS PRE-FAB					
								OTHER	FULL	HEARTHES					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)			14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)					
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?					
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				RENTERS AND CONDOS ONLY:	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			15. IS THERE A MANAGER ON THE PREMISES?		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO			16. IS THERE A SECURITY ATTENDANT?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?			17. IS THE BUILDING ENTRANCE LOCKED?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?			19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			20. IS HOUSE FOR SALE?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOWMOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			21. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)			22. IS THERE A TRAMPOLINE ON THE PREMISES?		
			23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
			24. ANY LEAD PAINT HAZARD?		
			25. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		

**LOSS HISTORY**

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE			DESCRIPTION OF LOSS	AMOUNT

**PRIOR COVERAGE**

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			YES <input type="checkbox"/> NO <input type="checkbox"/>

**ADDITIONAL INTEREST**

INT#	MORTGAGEE	NAME AND ADDRESS	LOAN NUMBER
	ADD INT		
INT#	MORTGAGEE	NAME AND ADDRESS	LOAN NUMBER
	ADD INT		

**REMARKS**

**ATTACHMENTS**

	STATE SUPPLEMENT(S) (if applicable)	PROTECTION DEVICE CERTIFICATE
	INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP
	REPLACEMENT COST ESTIMATE	RECREATIONAL VEHICLE APP
	PHOTOGRAPH	WATERCRAFT APPLICATION
	SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION
	EARTHQUAKE APPLICATION	HOME BASED BUSINESS SUPP

**FOR COMPANY USE ONLY**

**BINDER/SIGNATURE**

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

**Notice of Insurance Information Practices**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. 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 IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME and VA, insurance benefits may also be denied.)

**APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.**

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE
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**Section 1 – Prevention**

Is the risk location equipped with:

Centrally Monitored Fire & Burglar Alarms?      Yes      No (Please check one)

Interior Sprinkler System:      Full      Partial      None

**Section 2 – Water Source**

Is there a public fire hydrant within 1,000 feet of the home?      Yes      No (Please check one)

If the risk is not within 1,000 feet of a public fire hydrant is there an alternative water source?

Yes      No (Please check one)

(Describe the alternative water source inclusive of the distance to the home & the amount of water stored there.)

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Can the responding Fire Department access the alternative water source at all times?

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**Section 3 – Fire Department**

What is the name of the responding fire department?

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\_\_\_\_\_

(Name of responding fire department on the line above

(Phone Number of fire department)

Is the responding fire department:      Paid      Volunteer (Please check one)

Does the responding fire department have tanker and/or pumper trucks located at the responding fire department?      Yes      No (Please check one)

Please provide a description (capacity) of each tanker and/or pumper truck located at the responding fire department.

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What is the response time to the risk location address by the responding fire department noted above?

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(Please provide the response time on the line above)

**Section 4 – Access to Property**

Is the property visible to neighbors?      Yes      No (Please check one)

Are there any barriers that would prevent accessing the property?      Yes      No (Please check one)

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