



# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED					
		CARRIER				NAIC CODE	
CONTACT NAME:		POLICY NUMBER				DATE AT CURR RES	
PHONE (A/C. No. Ext):		PLAN		FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE	
FAX (A/C. No.):		HOME PHONE #		DAY	BUSINESS PHONE #		DAY
E-MAIL ADDRESS:				EVE			EVE
CODE:	SUBCODE:						
AGENCY CUSTOMER ID:							

**APPLICANT INFORMATION**

PREVIOUS ADDRESS (If less than 3 years)		YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)				
APPLICANT'S OCCUPATION (State nature of business if self-employed)		APPLICANT'S EMPLOYER NAME AND ADDRESS			YEARS IN CURR OCC	YEARS W/ PRIOR EMPL	DATE OF BIRTH
					YEARS W/ CURR EMPL	MAR STAT	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 W/ PRIOR EMPL	DATE OF BIRTH
					YEARS W/ CURR EMPL	MAR STAT	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:			

**COVERAGES/LIMITS OF LIABILITY**

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

\* Not Applicable in NC

**ENDORSEMENTS - See Page 4****PAYMENT PLAN**  ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:						MAIL POLICY TO:	
BILLING		IF DIRECT BILL:		IF APPLICANT BILL:			
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> FULL PAY	<input type="checkbox"/>	AGENT	
						<input type="checkbox"/>	APPLICANT

**REMARKS (Attach Additional Sheets if More Space is Required)**

**RATING/UNDERWRITING**

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE				
MASONRY	VINYL SIDING			\$	DWELLING	TOWNHOUSE	PRIMARY							
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	ROWHOUSE	SECONDARY	COMP. DATE:						
FIRE RES				\$	CONDO	CO-OP	SEASONAL							
NUMBER OF FIRE DIVS		TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT		PROTECTION DEVICE TYPE		HEAT TYPE	NONE	RENOVATION TYPE	PART	COMP	YEAR
UNITS IN FIRE DIV					FT	MI	SYSTEM	SMOKE	TEMP	BURGLAR	WIRING			
FIRE / EC RATE		FIRE DISTRICT / CODE NUMBER			DIRECT						PLUMBING			
					LOCAL						HEATING			
											ROOFING			
											EXTERIOR PAINT			
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS		FUSES		KNOB & TUBE OR ALUMINUM WIRING		PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION		CLOSED		
		YES	NO	YES	NO	YES	NO		YES	NO	OPEN		NONE	
DWELLING LOCATION		OCCUPANCY		DEADBOLT	OIL STORAGE TANK LOCATION			SWIMMING POOL		WINDSTORM LOSS MITIGATION FEATURES				
WITHIN CITY LIMITS	OWNER	UNOCC	FIRE EXT	INDOORS	NONE	OUTDOORS	APPROVED FENCE	YES	NO					
WITHIN FIRE DIST	TENANT	VACANT	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	ABOVE GROUND NOT ON MASONRY FLOOR	ABOVE GROUND BELOW GROUND	DIVING BOARD	ABOVE GROUND	IN - GROUND					
WITHIN PROT SUBURB							SLIDE							
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF					
	YES	NO	CLASS	SPEC	YES	NO	RESISTIVE	OTHER						
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:				RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)						
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER	PARTIAL	CHIMNEYS	PRE-FAB					
SQ FT		SQ FT		SQ FT		LIGHTNING PROTECTION	FULL	HEARTHES	WOOD STOVE INSERT					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)	<input type="checkbox"/>
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)	<input type="checkbox"/>
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?	<input type="checkbox"/>
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	<input type="checkbox"/>
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="checkbox"/>
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/>
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	<input type="checkbox"/>
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)	<input type="checkbox"/>
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet	
11. IS PROPERTY SITUATED ON MORE THAN FIVE (5) ACRES? (If yes, describe land use)	<input type="checkbox"/>
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)	<input type="checkbox"/>
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)	<input type="checkbox"/>

**GENERAL INFORMATION (continued)**

<b>EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16, 17 and 26)</b>		<b>Y / N</b>
14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)		<input type="checkbox"/>
RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?	<input type="checkbox"/>
	16. IS THERE A SECURITY ATTENDANT?	<input type="checkbox"/>
	17. IS THE BUILDING ENTRANCE LOCKED?	<input type="checkbox"/>
18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		<input type="checkbox"/>
19. IS HOUSE FOR SALE?		<input type="checkbox"/>
20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		<input type="checkbox"/>
21. IS THERE A TRAMPOLINE ON THE PREMISES?		<input type="checkbox"/>
22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		<input type="checkbox"/>
23. ANY LEAD PAINT HAZARD?		<input type="checkbox"/>
24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)		<input type="checkbox"/>
25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		<input type="checkbox"/>
26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		<input type="checkbox"/>

**PRIOR COVERAGE**

<b>PRIOR CARRIER</b>	<b>PRIOR POLICY NUMBER</b>	<b>EXPIRATION DATE</b>
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<b>LOSS HISTORY</b>		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST ____ YEARS, AT THIS OR AT ANY OTHER LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE BELOW		APPLICANT'S INITIALS:	
DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT	

**ADDITIONAL INTEREST**

INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

**REMARKS (Attach Additional Sheets if More Space is Required)**

**ATTACHMENTS**

STATE SUPPLEMENT(S) (If applicable)	SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION	
INLAND MARINE APPLICATION	PROTECTION DEVICE CERTIFICATE	RESIDENCE BASED BUSINESS SUPPL	
REPLACEMENT COST ESTIMATE	PERS EXCESS/UMBRELLA APP	FLOOD EXCLUSION NOTICE	
PHOTOGRAPH	WATERCRAFT APPLICATION	EARTHQUAKE APPLICATION	

**REMARKS (Attach Additional Sheets if More Space is Required)**

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**BINDER/SIGNATURE**

<b>INSURANCE BINDER</b>		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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

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.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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 WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

\_\_\_\_\_ (Applicant's Initials)

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)

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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

**OPTIONAL COVERAGES - ENDORSEMENTS**

COVERAGE TYPE		COVERAGE INFORMATION							FORM NUMBER	FORM DATE	PREMIUM	
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		\$ LIMIT									\$	
ADDITIONAL PREMISES LIABILITY EXTENSION	LOC #	\$ CONTENTS		TERR:	# PREMISES:					\$		
		ADDRESS										
ADDITIONAL RESIDENCE RENTED TO OTHERS 1 OR 2 FAMILY	LOC #	\$ CONTENTS		TERR:	# FAMILIES:					\$		
		ADDRESS					MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO					
BUILDING ORDINANCE OR LAW COVERAGE		\$	\$	INCREASED		REBUILD PCT:				\$		
ELECTRONIC APPARATUS BUSINESS AND VEHICLE		\$	\$	INCREASED						\$		
ELECTRONIC APPARATUS IN VEHICLE		\$	\$	INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS		\$	\$	INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY		\$	\$	INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES		\$	\$	INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE		\$	\$	INCREASED						\$		
EARTHQUAKE		% DED	TERR:			MASONRY VENEER				\$		
			RETROFIT TYPE:			<input type="checkbox"/> YES <input type="checkbox"/> NO						
IDENTITY FRAUD EXPENSE COV		<input type="checkbox"/> INCLUDED										
FULL VALUE REPLACEMENT COST		<input type="checkbox"/> INCLUDED										
REPLACEMENT COST - DWELLING		<input type="checkbox"/> INCLUDED										
REPLACEMENT COST - CONTENTS		<input type="checkbox"/> INCLUDED										
INCIDENTALS FARMING PERS LIAB		MEDICAL PAYMENTS		<input type="checkbox"/> YES	<input type="checkbox"/> NO							
MINE SUBSIDENCE		LIMIT	CONST MATERIAL	PROP DESC								
MOLD		PROPERTY	LIABILITY		EXCL LIABILITY							
		\$	\$	<input type="checkbox"/>		EXCL PROP DAMAGE						
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/> REQUIRES INCR CONTENTS		TERR:	BUS/STRUCT DESC		MED PAY					
		<input type="checkbox"/> INCR CONT NOT REQUIRED		STRUCT TYPE		<input type="checkbox"/> YES						
		\$ OT. STRUCTS		<input type="checkbox"/> NO								
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$	LIMIT	STRUCT DESC:								
WATER BACKUP OF SEWERS & DRAINS		\$	LIMIT	<input type="checkbox"/> INCLUDED								
UNSCHEDULED JEWELRY, WATCHES, FURS		\$	AGGREGATE	\$	INCREASED							
WORKERS COMPENSATION - FULL TIME INSERVANT <i>(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)</i>		# OF EMPLOYEES:										
WORKERS COMPENSATION - INCIDENTAL <i>(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)</i>		# OF EMPLOYEES:										
WORKERS COMPENSATION - PART TIME OUTSERVANT <i>(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)</i>		# OF EMPLOYEES:										
CODE	COVERAGE DESCRIPTION	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	TERR	OPTIONS	YES	NO	FORM NUMBER	FORM DATE	PREMIUM
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$