



PERSONAL LINES PACKAGE APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)	NAIC CODE	FACILITY CODE
	FAX (A/C, No):		TELEPHONE NUMBER	
CODE: _____ SUBCODE: _____		CO/PLAN	POL#: _____	
AGENCY CUSTOMER ID: _____		EFFECTIVE DATE	EXPIRATION DATE	ACCT#: _____
LINES OF BUSINESS TO BE INCLUDED		DIRECT BILL <input type="checkbox"/> MORTGAGEE BILL <input type="checkbox"/>		
<input type="checkbox"/> PROPERTY	<input type="checkbox"/> WATERCRAFT	AGENCY BILL <input type="checkbox"/> APPLICANT <input type="checkbox"/>		
<input type="checkbox"/> LIABILITY	<input type="checkbox"/> UMBRELLA	HOW LONG HAS PRODUCER KNOWN APPLICANT?		
<input type="checkbox"/> INLAND MARINE				

PREVIOUS ADDRESS (If less than 3 years)

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APPLICANT INFORMATION

APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR 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/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	SOCIAL SECURITY #

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 (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.)		
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)					
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			RENTERS AND CONDOS ONLY:	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, BANKRUPTCY, JUDGEMENT OR LIEN 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. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet			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 (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			21. IS PROPERTY W/IN 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 OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		
			26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		

LOSS HISTORY

ANY PROPERTY, MARINE OR PERS LIAB LOSSES DURING THE LAST _____ YEARS?

YES

NO

IF YES, INDICATE BELOW

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

PRIOR COVERAGE

PRIOR CARRIER	POLICY NUMBER	EXPIRATION DATE	LINE OF BUSINESS	# YRS W/ CO

REMARKS

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PREMISES INFORMATION (Attach additional forms for additional premises)

LOCATION OF PROPERTY (Include county and ZIP)

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	PRIMARY						
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:					
FIRE RES				\$	CONDO	SEASONAL						
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	RENOVATION TYPE	PART	COMP	YEAR
				FT	MI	SYSTEM	SMOKE	TEMP	WIRING			
						BURGLAR			PLUMBING			
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER			DIRECT			HOUSEKEEPING CONDITION		HEATING			
				LOCAL					ROOFING			
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	INDOORS	APPROVED FENCE								
WITHIN FIRE DIST	TENANT	VACANT	ABOVE GROUND ON MASONRY FLOOR	DIVING BOARD								
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	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			

PROPERTY COVERAGES/LIMITS (Describe all discounts under REMARKS)

PREMISES LIABILITY INFORMATION

COVERAGE	LIMIT	DEDUCTIBLE (TYPE & AMOUNT)		
DWELLING	\$	ALL PERIL	PERSONAL LIABILITY	\$
OTHER STRUCTURES	\$	WIND/HAIL	MEDICAL PAYMENTS	\$
PERSONAL PROPERTY	\$	THEFT		\$
LOSS OF USE	\$			\$
AGGREGATE PROPERTY LIMIT	\$			\$
	\$			\$
	\$			\$

OPTIONAL COVERAGES AND ENDORSEMENTS (Describe; include form numbers)

ADDITIONAL INTEREST

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

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC	\$	
\$	\$	RESIDENCES	\$	
		AUTOMOBILES	\$	
OPTIONAL COVERAGES TO APPLY		RECREATIONAL VEHICLES	\$	
\$	UNINSURED MOTORIST *	UNINSURED MOTORIST	\$	
\$	UNDERINSURED MOTORIST *	UNDERINSURED MOTORIST	\$	
		WATERCRAFT	\$	
		OTHER:	\$	
		TOTAL	\$	

APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE:

OTHER STATE:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN INDIANA:

1. I SELECT UIM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

REMARKS

ATTACHMENTS

	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">STATE SUPPLEMENT(S) (If applicable)</td></tr> <tr><td style="padding: 2px;">REPLACEMENT COST ESTIMATE</td></tr> <tr><td style="padding: 2px;">PHOTOGRAPH</td></tr> <tr><td style="padding: 2px;">OTHER APPLICATION</td></tr> <tr><td style="padding: 2px;">APPRAISAL/BILL OF SALE</td></tr> <tr><td style="padding: 2px;">PROTECTION DEVICE CERTIFICATE</td></tr> <tr><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td></tr> </table>	STATE SUPPLEMENT(S) (If applicable)	REPLACEMENT COST ESTIMATE	PHOTOGRAPH	OTHER APPLICATION	APPRAISAL/BILL OF SALE	PROTECTION DEVICE CERTIFICATE				
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PROTECTION DEVICE CERTIFICATE											

FOR COMPANY USE ONLY

BINDER/SIGNATURE

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center; padding: 2px;">INSURANCE BINDER</th></tr> <tr> <td style="width:50%; padding: 2px;">EFFECTIVE DATE</td> <td style="width:50%; padding: 2px;">EXPIRATION DATE</td> </tr> <tr> <td style="padding: 2px;">TIME</td> <td style="padding: 2px;">12:01 AM</td> </tr> <tr> <td></td> <td style="padding: 2px;">NOON</td> </tr> <tr> <td colspan="2" style="padding: 2px;">COVERAGE IS NOT BOUND</td> </tr> </table>	INSURANCE BINDER		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM		NOON	COVERAGE IS NOT BOUND		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p>
INSURANCE BINDER											
EFFECTIVE DATE	EXPIRATION DATE										
TIME	12:01 AM										
	NOON										
COVERAGE IS NOT BOUND											

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 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.

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, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN 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 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.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER
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