

ACORDTM HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY	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 #		DAY EVE	
CODE: AGENCY CUSTOMER ID	SUBCODE:	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #		DAY EVE	

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/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR 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 W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR 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
	\$	\$	\$	\$	\$	\$	
							<input type="checkbox"/> WIND/HAIL <input type="checkbox"/> THEFT <input type="checkbox"/> NAMED HURRICANE *

ENDORSEMENTS

PREMIUM * Not Applicable in NC

<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	EST TOTAL PREMIUM	
ENTER OTHER ENDORSEMENT(S)		\$	DEPOSIT
		\$	BALANCE
		\$	

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"/> OTHER:
			<input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER:		

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE			
<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/> DWELLING <input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> PRIMARY	<input type="checkbox"/>						
MASONRY	VINYL SIDING				<input type="checkbox"/> APART <input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> SECONDARY	<input type="checkbox"/>						
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	<input type="checkbox"/> CONDO <input type="checkbox"/> CO-OP	<input type="checkbox"/> SEASONAL	COMP. DATE:						
FIRE RES				\$									
NUMBER OF FIRE DIVS		TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT		PROTECTION DEVICE TYPE		HEAT TYPE				
					FT MI		SYSTEM SMOKE TEMP BURGLAR		PRIMARY:				
					CENTRAL		SECONDARY:		WIRING				
					DIRECT		OIL STORAGE TANK LOCATION		PLUMBING				
					LOCAL		NONE		HEATING				
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER				DIRECT		OIL STORAGE TANK LOCATION		ROOFING			
						LOCAL		NONE		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		
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	<input type="checkbox"/> OPEN <input type="checkbox"/> NONE		
DWELLING LOCATION		OCCUPANCY		DEADBOLT		HOUSEKEEPING CONDITION		SWIMMING POOL		STORM SHUTTERS			
<input type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN FIRE DIST <input type="checkbox"/> WITHIN PROT SUBURB		<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<input type="checkbox"/> UNOCC <input type="checkbox"/> VACANT	<input type="checkbox"/> FIRE EXT VISIBLE TO NEIGHBORS		<input type="checkbox"/> APPROVED FENCE DIVING BOARD SLIDE		<input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN - GROUND	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> HURR RES <input type="checkbox"/> GLASS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?		# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL		CONDITION OF ROOF		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		CLASS SPEC	<input type="checkbox"/> YES <input type="checkbox"/> NO			RESISTIVE	<input type="checkbox"/> OTHER	PARTIAL		FULL		
IF REPLACEMENT COST APPLIES:		ACORD	40	41	42	ATTACHED		RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL		SPRINKLER	
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER		LIGHTNING PROTECTION		OTHER:		FIREPLACES	
SQ FT		SQ FT		SQ FT		LIGHTNING PROTECTION		OTHER:		PARTIAL		CHIMNEYS	
										FULL		HEARTHES	
												PRE-FAB WOOD STOVE INSERT	

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?				15. IS THERE A MANAGER ON THE PREMISES?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?				RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?		
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				17. IS THE BUILDING ENTRANCE LOCKED?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?				20. IS HOUSE FOR SALE?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				22. IS THERE A TRAMPOLINE ON THE PREMISES?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				24. ANY LEAD PAINT HAZARD?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)				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 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	

PRIOR COVERAGE		
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

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

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		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 FOR INSURANCE 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 WITHOUT YOUR AUTHORIZATION. 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, NE, 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 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	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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