



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY		CARRIER			NAIC CODE
CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:		NAMED INSURED(S)			
CODE:	SUBCODE:	POLICY NUMBER		PLAN	FACILITY CODE
AGENCY CUSTOMER ID:		EFFECTIVE DATE		EXPIRATION DATE	

STATUS OF TRANSACTION

<input type="checkbox"/> NEW	<input type="checkbox"/> POLICY CHANGE EFFECTIVE DATE	<input type="checkbox"/> TIME	<input type="checkbox"/> AM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW			<input type="checkbox"/> PM	
<input type="checkbox"/> POLICY CHANGE				HOW LONG HAVE YOU KNOWN THE APPLICANT

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last)			APPLICANT'S MAILING ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS *			
* This field may not be utilized for policyholders applying for residential property insurance in CA.					
PRIMARY PHONE #	HOME	BUS	CELL	SECONDARY PHONE #	HOME
PREVIOUS ADDRESS			YEARS AT PREVIOUS ADDRESS (if less than three years):		
APPLICANT'S EMPLOYER NAME AND ADDRESS			YRS WITH CURRENT EMPLOYER:		
CO-APPLICANT'S NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS *	Check if same as Applicant		
* This field may not be utilized for policyholders applying for residential property insurance in CA.					
PRIMARY PHONE #	HOME	BUS	CELL	SECONDARY PHONE #	HOME
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			YRS WITH CURRENT EMPLOYER:		

COVERAGES / LIMITS OF LIABILITY

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$	\$	REPL COST - CONTENTS	INCLUDED		\$
LOSS OF USE	\$	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$	\$	BASE	\$	%	NAMED HURRICANE**
MEDICAL PAYMENTS EA PER	\$	\$	WIND / HAIL	\$	%	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	
HO FORM #:				\$	%	

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

** Not Applicable in North Carolina

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING		PAYMENT PLAN		PAYMENT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> CREDIT CARD *	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY		* Not applicable in NC		
PAYOR			PREMIUM FINANCED ?		
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> Y/N		
			FINANCE COMPANY		

RATING / UNDERWRITING

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO	
<input type="checkbox"/> MASONRY VENEER			<input type="checkbox"/> BUILDERS RISK	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> SYSTEM	<input type="checkbox"/> SMOKE	<input type="checkbox"/> TEMP	<input type="checkbox"/> BURG	<input type="checkbox"/> FIRE HYDRANT	<input type="checkbox"/> FIRE STATION	
<input type="checkbox"/> FRAME			<input type="checkbox"/> RENOVATION	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL				<input type="checkbox"/> FT	<input type="checkbox"/> MI	
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION	PLUMBING CONDITION		<input type="checkbox"/> DIRECT				<input type="checkbox"/> # FIRE DIVISIONS	<input type="checkbox"/> # UNITS FIRE DIV	
SIDING			OCCUPANCY		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL			<input type="checkbox"/> PROT CLASS	<input type="checkbox"/> FIRE EXTINGUISHER	
<input type="checkbox"/> ALUMINUM SIDING			<input type="checkbox"/> OWNER	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> SPRINKLER	<input type="checkbox"/> PARTIAL		<input type="checkbox"/> Y / N		
<input type="checkbox"/> STUCCO			<input type="checkbox"/> TENANT	ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL			TERRITORY		
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> UNOCCUPIED	ROOF CONDITION		FIRE DISTRICT NAME				FIRE DIST CODE		
<input type="checkbox"/> CEDAR, WOOD, SHINGLE			<input type="checkbox"/> VACANT	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	PRIMARY HEAT		<input type="checkbox"/> NONE	SECONDARY HEAT		<input type="checkbox"/> NONE	
<input type="checkbox"/> EIFSCB (on cinder block)			RESIDENCE TYPE		ROOF MATERIAL		DATE HEATING SYSTEM LAST SERVICED:					
<input type="checkbox"/> EIFSS (on studs)			<input type="checkbox"/> DWELLING	DISTANCE TO TIDAL WATER		WIRING		ELECTRICAL SYSTEMS				
YEAR EIFS INSTALLED:			<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> Miles	<input type="checkbox"/> Feet	<input type="checkbox"/> COPPER	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> KNOB & TUBE	<input type="checkbox"/> LAST INSPECTED DATE	<input type="checkbox"/> CIRCUIT BREAKERS	<input type="checkbox"/> FUSES	
USAGE TYPE			<input type="checkbox"/> TOWNHOUSE	PURCHASE PRICE		PURCHASE DATE		SECURITY		NUMBER OF AMPS		
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL		<input type="checkbox"/> ROWHOUSE	\$				<input type="checkbox"/> VISIBLE FROM ROAD	<input type="checkbox"/> VISIBLE TO NEIGHBORS			
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM		<input type="checkbox"/> CO-OP					<input type="checkbox"/> OCCUPIED DAILY				

YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS		DWELLING LOCATION	RATING		RENOVATIONS	PART	COMP	YEAR	
			<input type="checkbox"/> NON-SMOKER	<input type="checkbox"/> MANNED SECURITY	<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS	<input type="checkbox"/> SPECIFIC	<input type="checkbox"/> WIRING				
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> OFF PREMISE THEFT EXCL	<input type="checkbox"/> IN FIRE DISTRICT	FOUNDATION		<input type="checkbox"/> PLUMBING				
\$					<input type="checkbox"/> IN PROT SUBURB	<input type="checkbox"/> OPEN	<input type="checkbox"/> CLOSED	<input type="checkbox"/> HEATING				
REPLACEMENT COST	# WEEKS RENTED	TAX CODE			FUEL STORAGE TANK LOCATION		<input type="checkbox"/> NONE	<input type="checkbox"/> ROOFING				
\$					<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR	WIND CLASS		EXTERIOR PAINT				
TOTAL LIVING AREA	BLDG CODE GRADE		<input type="checkbox"/> SWIMMING POOL		<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE					
SQ FT			<input type="checkbox"/> ABOVE GROUND		<input type="checkbox"/> OUTDOORS ABOVE GROUND			WINDSTORM				
BASEMENT AREA	INSPECTED (Y/N):		<input type="checkbox"/> IN GROUND		<input type="checkbox"/> OUTDOORS BELOW GROUND			<input type="checkbox"/> STORM SHUTTERS				
SQ FT			<input type="checkbox"/> APPROVED FENCE		FUEL LINE LOCATION				<input type="checkbox"/> A <input type="checkbox"/> B			
GARAGE AREA	CHIMNEYS		<input type="checkbox"/> DIVING BOARD		<input type="checkbox"/> UNDER GROUND			<input type="checkbox"/> HURRICANE RESISTIVE GLASS				
SQ FT			<input type="checkbox"/> SLIDE		<input type="checkbox"/> THROUGH FOUNDATION							
BREEZEWAY AREA	PRE-FAB											
SQ FT												

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE **NO PRIOR COVERAGE**

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST ____ YEARS, AT THIS OR AT ANY OTHER LOCATION? Y / N IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM		
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$		
	LOC #:	TERR:		\$	LOSS ASSESSMENT	LIMIT			\$		
	LOC #:	TERR:		\$	MINE SUBSIDENCE	\$	LIMIT	CONST MATERIAL:	\$		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	PROP DESC:			\$		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		REQ INCR CONTENTS	\$ LIMIT		\$		
	TERR:			\$		INCR CONT NOT REQ	MED PAY (Y/N) :				
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		\$	OT. STRUCTS	TERR:			
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	STRUCT TYPE:				\$	
	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	BUS/STRUCT DESC:					
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC			\$		
	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	STRUCTURE DESC:					
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$	INCR	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$
	<input type="checkbox"/>	INCLUDED	% REBUILD		\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$
BUSINESS PROPERTY AT HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	SINK HOLE COLLAPSE	<input type="checkbox"/>	INCLUDED	\$		
BUS PROP AWAY FROM HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$
DEBRIS REMOVAL	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	\$	INCR	\$
EARTHQUAKE	% DED		TERR:	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	
	\$ DED		RETROFIT TYPE:			\$	WATERCRAFT LIABILITY	\$ LIMIT			\$
			MAS VENEER: %				WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT			\$
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)			\$		
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/>	INCLUDED	\$			WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			\$	
FLOOD	\$	BLDG	\$	CONTENTS	\$	# OF EMPLOYEES:			\$		
FUNGUS AND MOLD	<input type="checkbox"/>	EXCL LIABILITY	\$	PROPERTY	\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
	<input type="checkbox"/>	EXCL PROP DAMAGE	\$	LIABILITY		CODE		\$		\$	
GOLF CARTS - LIABILITY	<input type="checkbox"/>	INCLUDED	# GOLF CARTS:	\$	DESCRIPTION		\$		TYPE:	\$	
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT	\$			CODE		\$		\$	
IDENTITY FRAUD EXP	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	DESCRIPTION		\$		\$	
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):		<input type="checkbox"/>	\$	TERR:		\$		Y / N:	\$	
INCR COV C SPECIAL LIAB LIMIT	\$	TOTAL	\$	INCR	\$	CODE		\$		\$	
						DESCRIPTION		\$		TYPE:	\$
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCR	\$	TERR:		\$		Y / N:	
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	\$	CODE		\$		\$	
GUNS	\$	TOTAL	\$	INCR	\$	DESCRIPTION		\$		TYPE:	
MONEY	\$	TOTAL	\$	INCR	\$	TERR:		\$		Y / N:	
SECURITIES	\$	TOTAL	\$	INCR	\$	CODE		\$		\$	
SILVERWARE	\$	TOTAL	\$	INCR	\$	DESCRIPTION		\$		TYPE:	
						TERR:		\$		Y / N:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N								
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)									
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER						
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)									
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?									
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?									
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?									

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES		Y/N	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?			
YEAR	MAKE	MODEL	BODY TYPE
8. 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.)			

GENERAL INFORMATION - RESIDENTIAL

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y/N							
1. ANY BUSINESS CONDUCTED ON PREMISES?									
	<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER <input type="checkbox"/> DAY CARE # OF CHILDREN: _____							
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: _____ DESCRIPTION: _____ # PART TIME: _____ DESCRIPTION: _____									
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?									
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?									
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: _____ LAND USED FOR: _____									
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?									
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)									
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)									
9. IS THERE A TRAMPOLINE ON THE PREMISES? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)									
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY: _____									
11. ANY LEAD PAINT?									
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: _____ LIMIT: _____ CLEANUP/SUBLIMIT: _____									
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: _____									
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?									
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)									
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME: _____									

GENERAL INFORMATION - RENTERS AND CONDOS ONLY

EXPLAIN ALL "NO" RESPONSES		Y/N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: _____ PHONE (A/C,No): _____		
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LIENHOLDER					VEHICLE: _____ BOAT: _____
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION
<input type="checkbox"/> TRUSTEE					
	REFERENCE / LOAN #: _____				

ATTACHMENTS

AGENCY CUSTOMER ID: _____

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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BINDER / SIGNATURE

INSURANCE BINDER		<p>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.</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.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
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.

APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER 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)

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

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

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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 BENEFITS.

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.

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

Unprotected Rating Questionnaire

1. Name of responding FD: _____
 - a. Phone #: _____
 - b. Contact: _____
 - c. PPC: _____

2. Paid or Volunteer: _____
 - a. Distance to risk: _____
 - b. Response time: _____
 - c. Are roads paved & accessible year round: _____
 - d. Any physical barriers: _____
 - e. Number of trucks brought to site: _____
 - i. Type of trucks: _____
 - ii. Pumping capacity: _____
 - iii. Total gallons brought to location: _____

3. Is there a public hydrant w/in 1000ft from home: _____
 - a. If not, is there another water source: _____
 - i. Distance from dwelling: _____
 - ii. Is it w/in 100ft of hard packed surface: _____
 - iii. Amount of water available: _____
 - iv. Accessible by FD year-round: _____
 - v. Dry-hydrant installed: _____

4. Any full-time employees (live in-house or on ground): _____
 - a. Dwelling occupied daily: _____
 - b. Central fire & burglar alarm installed & active: _____

5. Comments:

PRIVATE CLIENT GROUP

Please answer the following questions in writing for the Trust or LLC.

Name of trust/LLC:

1. What is the intent of the LLC/trust?

2. Does the LLC/trust operate on a for-profit basis? If yes, how are profits generated? What revenues does the LLC/trust generate?

3. Who owns the LLC? Is this sole or joint ownership? Who are the members of the LLC? If a trust, who is the trustee? Who are the beneficiaries of the trust?

4. What property/properties does the LLC/trust own? Are there additional properties owned in addition to those presented?

5. Are there employees of the LLC/trust? If yes, how many? What are their responsibilities? How are they paid?

6. What additional insurance policies name the LLC/trust as an insured or additional insured?

7. If the Trust/LLC is to be added to the excess liability policy, please list the interest(s) that the Trust/LLC has in the client's home(s) and/or auto(s).

8. If the Trust/LLC is to be the named insured on the policy, should any person be added as an additional insured with worldwide liability? If so, who?