

DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)

AGENCY: <input type="text"/> PHONE (A/C, No, Ext): <input type="text"/> FAX (A/C, No): <input type="text"/> CODE: <input type="text"/> SUBCODE: <input type="text"/> AGENCY CUSTOMER ID: <input type="text"/>	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <input style="width:100%;" type="text"/> NAIC CODE: <input type="text"/> FACILITY CODE: <input type="text"/> POLICY #: <input type="text"/> DATE AT CURR RES: <input type="text"/> CO/PLAN: <input type="text"/> HOME PHONE #: <input type="text"/> EFFECTIVE DATE: <input type="text"/> EXPIRATION DATE: <input type="text"/> BUSINESS PHONE #: <input type="text"/> DAY: <input type="text"/> EVE: <input type="text"/> DAY: <input type="text"/> EVE: <input type="text"/>
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APPLICANT INFORMATION

PREVIOUS ADDRESS (if less than 3 years) <input style="width:100%;" type="text"/>	YRS AT PREV ADDR: <input type="text"/>	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) <input style="width:100%;" type="text"/>
APPLICANT'S OCCUPATION (State nature of business if self-employed) <input style="width:100%;" type="text"/>	APPLICANT'S EMPLOYER NAME AND ADDRESS <input style="width:100%;" type="text"/>	YEARS IN CURR OCC: <input type="text"/> YEARS W/ CURR EMPL: <input type="text"/> YEARS W/ PRIOR EMPL: <input type="text"/> MAR STAT: <input type="text"/> DATE OF BIRTH: <input type="text"/> SOCIAL SECURITY #: <input type="text"/>
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed) <input style="width:100%;" type="text"/>	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS <input style="width:100%;" type="text"/>	YEARS IN CURR OCC: <input type="text"/> YEARS W/ CURR EMPL: <input type="text"/> YEARS W/ PRIOR EMPL: <input type="text"/> MAR STAT: <input type="text"/> DATE OF BIRTH: <input type="text"/> SOCIAL SECURITY #: <input type="text"/>

HOW LONG HAVE YOU KNOWN THE APPLICANT?

DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY										PREMIUM	
POLICY TYPE	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	RENTAL VALUE	PERSONAL LIABILITY	MEDICAL PAYMENTS	EST TOTAL PREMIUM	\$			
	\$	\$	\$	\$	EACH OCCURRENCE	EACH PERSON		\$			
				ADDITIONAL EXPENSE			DEPOSIT	\$			
				\$	\$	\$	BALANCE	\$			
DED (Type & Amount)		ALL PERIL		WIND/HAIL		THEFT		NAMED HURRICANE *			

ENDORSEMENTS

* Not Applicable in NC

PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

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

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	PROTECTION DEVICE TYPE		HEAT TYPE	RENOVATION TYPE			
					SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	WIRING	
									SECONDARY:	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	
			YES	NO	YES	NO	YES	NO	YES	NO	
DWELLING LOCATION		OCCUPANCY		DEADBOLT	OIL STORAGE TANK LOCATION		SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES			
WITHIN CITY LIMITS		OWNER	UNOCC	FIRE EXT	INDOORS	OUTDOORS	APPROVED FENCE	APRVED FENCE			
WITHIN FIRE DIST		TENANT	VACANT	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	ABOVE GROUND	DIVING BOARD	ABOVE GROUND			
WITHIN PROT SUBURB					ABOVE GROUND NOT ON MASONRY FLOOR	BELOW GROUND	SLIDE	IN - GROUND			
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL		CONDITION OF ROOF	
	YES		CLASS	YES		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	

PRIOR COVERAGE

PRIOR CARRIER: <input type="text"/>	PRIOR POLICY NUMBER: <input type="text"/>	EXPIRATION DATE: <input type="text"/>
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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)				RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					16. IS THERE A SECURITY ATTENDANT?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)					17. IS THE BUILDING ENTRANCE LOCKED?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?					18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)					19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	
10. DISTANCE TO TIDAL WATER? <input type="checkbox"/> Miles <input type="checkbox"/> Feet					20. IS HOUSE FOR SALE?	
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)					21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)					22. IS THERE A TRAMPOLINE ON THE PREMISES?	
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)					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 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)

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

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	EXPIRATION DATE	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.
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

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 REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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. 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 WITH 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)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE FOR 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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