

## ACORD™ HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

08/15/2024

AGENCY	PHONE (A/C, No, Ext): (800) 555-1234 FAX (A/C, No): Horizon Insurance Partners	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) John Q. Homeowner 123 Maple Street Anytown, Metro County, 12345		NAIC CODE	FACILITY CODE
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #	POLICY # TBD.
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	
		09/01/2024	09/01/2025		

## APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years) Same	YRS AT PREV ADDR 5	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed) Software Engineer	APPLICANT'S EMPLOYER NAME AND ADDRESS TechCorp Solutions, 456 Business Way, Anytown	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH M 05/10/85	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed) Registered Nurse	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS Anytown General Hospital	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 &amp; Amount)

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL	\$1000
H0-3	\$ 450,000	\$ 45,000	\$ 337,500	\$ 90,000	\$ 300,000	\$ 5,000	WIND/HAIL	
							THEFT	
							NAMED HURRICANE *	

\* Not Applicable in NC

## ENDORSEMENTS

PREMIUM

<input checked="" type="checkbox"/> REPLACEMENT COST DWELLING	<input checked="" type="checkbox"/> REPLACEMENT COST CONTENTS	EST TOTAL PREMIUM
ENTER OTHER ENDORSEMENT(S) Water Backup & Sump Overflow		\$ 1850.00
		DEPOSIT
		BALANCE

PAYMENT PLAN ☐ ACORD 610 Attached (NOT APPLICABLE IN NC)

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

## RATING/UNDERWRITING

FRAME	PLASTIC SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	ASBESTOS SIDING	2005	8	\$	<input checked="" type="checkbox"/> DWELLING	<input checked="" type="checkbox"/> PRIMARY	COC			
<input checked="" type="checkbox"/> MASONRY VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	UNOCC			
ALUMINUM SIDING		2,800		\$ 450,000	CONDO	SEASONAL	VACANT			
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING		
UNITS IN FIRE DIV			4	500 FT	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY: Gas Central	PLUMBING
					CENTRAL			SECONDARY:		HEATING
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER				DIRECT			OIL STORAGE TANK LOCATION		ROOFING
					LOCAL					EXTERIOR PAINT
DWELLING LOCATION	OCCUPIED BY	<input checked="" type="checkbox"/> DEADBOLT	VISIBLE TO NEIGHBORS	SWIMMING POOL	YES	NO	STORM SHUTTERS			
<input checked="" type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> WITHIN PROT SUBURB	<input checked="" type="checkbox"/> OWNER	<input checked="" type="checkbox"/> FIRE EXTINGUISHER	HOUSEKEEPING CONDITION	APPROVED FENCE	ABOVE GROUND	YES	A	HURR RES GLASS	YES
<input type="checkbox"/> WITHIN FIRE DIST		TENANT			DIVING BOARD	IN-GROUND	NO	B		NO
BLDG CODE GRADE	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION		CLOSED
INSPECTED?		CLASS	SPEC	<input checked="" type="checkbox"/> YES	NO	B	RESISTIVE	OTHER		NONE
IF REPLACEMENT COST APPLIES:	ACORD	40	41	42	ATTACHED	RATING CREDITS	MANNED SECURITY	SPRINKLER	FIREPLACES	
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER			LIGHTNING PROTECTION	OFF PREMISES THEFT EXCL	PARTIAL	CHIMNEYS	PRE-FAB
SQ FT	600	SQ FT				OTHER:		FULL	HEARTH	



## 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.)	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)	<input type="checkbox"/>	<input type="checkbox"/>	15. IS THERE A MANAGER ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?	<input type="checkbox"/>	<input type="checkbox"/>	RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. IS THE BUILDING ENTRANCE LOCKED?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	<input type="checkbox"/>	<input type="checkbox"/>	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>	19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. IS HOUSE FOR SALE?	<input type="checkbox"/>	<input type="checkbox"/>
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. IS THERE A TRAMPOLINE ON THE PREMISES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	<input type="checkbox"/>	<input type="checkbox"/>
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. ANY LEAD PAINT HAZARD?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input type="checkbox"/>
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>			

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS				AMOUNT
10/20/2022	Water damage	Burst pipe in finished basement (closed claim)				\$4500.

PRIOR COVERAGE		PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
		Liberty Mutual	HOM987654321	09/01/2024	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INTEREST		NAME AND ADDRESS	LOAN NUMBER
INT #	<input checked="" type="checkbox"/> MORTG'E <input type="checkbox"/> ADDL INT	Chase Bank, PO Box 100, Dallas, TX, 75201	1234567890
INT #	<input type="checkbox"/> MORTG'E <input type="checkbox"/> ADDL INT		

REMARKS	ATTACHMENTS
Q9. Applicant owns one fully vaccinated Labrador Retriever (no bite history)	STATE SUPPLEMENT(S) (if applicable)
Q21. Property is located on a corner lot. Medical office complex 250 FT away.	INLAND MARINE APPLICATION
	REPLACEMENT COST ESTIMATE
	PHOTOGRAPH
	SOLID FUEL SUPPLEMENT
	EARTHQUAKE APPLICATION
	PROTECTION DEVICE CERTIFICATE
	PERS EXCESS/UMBRELLA APP
	RECREATIONAL VEHICLE APP
	WATERCRAFT APPLICATION
	LEAD FREE PAINT CERTIFICATION
	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.	
08/15/2024	09/30/2024	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			

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. 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 INSTRUCTION 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
J.Q.	08/15/2024	P.S.	