ACORD, HOMEOWNER APPLICATION										08/15/202		
				S NAME AND		RESS (Includ	de county & Zi	P+4)				
FAX		55-1234	Tah	n Q.	Ho	meou	mer		AIC CODE	F	ACILITY COD	
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Horizon	Insuran	ice larthe	0	2	MAR	tra Ca	e return	12345	JEICI #	TBD		
			140	CO/PLAN	9 1010	0.0 0	9	HOME PHON	VE#		DAY	
			DATE AT CURR RES	CO/PLAN							EVE	
	SUBCODE:		FFFFCT	IVE DATE	EXPIRA	TION DATE	BUSINES	S PHONE #			DAY	
CODE: AGENCY CUSTOMER ID	SUBCODE:			12024	09/0	1/20	5				EVE	
	ATION		10 1/01	, , ,	1,0	17 - 02	-					
PREVIOUS ADDRESS (If less to					ATION OF PR	OPERTY IF	OIFF FROM AB	OVE (Inc county	& ZIP)			
				ADDR								
Some				5								
)								
APPLICANT'S OCCUPATION (State nature of business if sel	f-employed)	APPLICANT'S EMPLOYER			YEARS CURR O	IN YEARS W/	YEARS W/ S	MAR DATE O	OF BIRTH	SOCIAL	SECURITY #	
Software E	200	Tech Corp						M 05/1	Noc			
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	Nurse	Any town	reneral	Hasp	ital	3475	726					
Kegistered !	MANAC	1119 000		1								
HOW LONG HAVE YOU K	NOWN THE APPL	ICANT?		DA	TE AGENT I	LAST INSP	ECTED PRO	OPERTY:				
COVERAGES/LIMITS	OF LIABILITY								DED	(Type &	Amount)	
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RATING/UNDERWRI	TING											
FRAME PLAS	TIC YR BUILT	#ROOMS MARKE	TVALUE	STRUCTURE T	YPE	US	SAGE TYPE	FARM	# FAM- ILIES	# HSEHLD	PURCHASE DATE/PRICE	
	STOS 7 005	8 \$	•	DWELLING	TOWN	NHOUSE >	PRIMARY	coc	ILIES	RES	DATEPHICE	
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NUMBER OF TERR CODE	PREM PROTEG		PRO	TECTION DE	ICE TYPE	HEAT T	YPE	NONE	WIRING	à		
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FIRE/EC RATE	FIRE DISTRI	ICT/CODE NUMBER	DIRECT			OIL	STORAGETA	ANK LOCATION	ROOFII	VG		
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	('			LIGHT	NING	THEF OTHE	T EXCL R:	FULL	AL	EARTHS		
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GENERAL INFORMATION	VEC	NO	EVDI AINI ALL III	VECT DECRONCES IN DEMAN	C (Europh muschion	45 46 and 47\	VEC	NO
EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO		YES" RESPONSES IN REMAR THE LAST FIVE YEARS (TES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)		V		Y APPLICANT BEEN CON DF ARSON? (In RI, failure				
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees))		convictio	n is a misdemeanor punish	able by a senten	ce of up to one		
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?	+	V	year of in	nprisonment.)	ANIAGERONITU	E DDE MOEGO		-
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			RENTERS AT	ND 15. IS THERE A M			-	-
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			CONDOSON				-	-
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				17. IS THE BUILD	NG ENTRANCE	LOCKED?	-	_
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO		/		CORRECTED FIRE OR BI		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN THE OWNER, THE PERSON NAMED IN THE PERSON		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR		. ,		DING UNDERGOING REN timated completion date ar		CONSTRUCTION?		4
BANKRUPTCY DURING THE PAST FIVE YEARS?		V		SE FOR SALE?	a donar varaa)	11 12 12 12 12 12 12 12 12 12 12 12 12 1		
ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			21. IS PROP	ERTY W/IN 300 FT OF A C	OMMERCIAL OR			
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				SIDENTIAL PROPERTY?			~	-
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)	/		IE A TRAMPOLINE ON TH E STRUCTURE ORIGINAL		THED THAN A	+	~
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES				E RESIDENCE AND THEN		THEN THAN A		
(SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)								
			24. ANY LEAD PAINT HAZARD? 25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN					-
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)			OBTAINE	ED FOR THE TANK? (Give Fi		, ,		
LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DUI THE LAST 3 YEARS. AT THIS OR AT ANY OTHER LOCATION:	RING ?		YES	NO IF YES, INDICATE I		PPLICANT'S ITIALS:		
10/20/2022 Water Burst pipe in PRIOR COVERAGE	Fin	nić	shed Y	pasement l	closed clair	m) \$450		١.
PRIOR CARRIER PRIO	ORPO	LICY	NUMBER		EXPIRATION	DATE RISK NEW TO	AGEN	CY
	10	M	9271	654321	09/01/2			
ADDITIONAL INTEREST			10)	60 1022	101/2	OZ T YES	N	0
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				and the Kert of the Miles	MARKET STATE			
INT# MORTG'E NAME AND ADDRESS						LOAN NUMBER		
ADDL INT								
REMARKS				TTAQUATATO				
		9		TTACHMENTS				
Q9. Applicant owns one tuly var	cc	m	atech	STATE SUPPLEMENT(S)(If		ROTECTION DEVICE CEF	TIFIC	ATE
Q9. Applicant owns one fully vac Labrador Retriever (no bit								
	PI	nie	tran	INLAND MARINE APPLICA		ERS EXCESS/UMBRELLA	APP	-
Lapino, reciteres (us pir	e 1	his	(pary)	REPLACEMENT COST EST				
221. Property is located on a con	ne l	nis	part)		IMATE RE	ERS EXCESS/UMBRELLA	APP	
Q21. Property is located on a con	ne	X	lot.	REPLACEMENT COST EST	IMATE RE	ERS EXCESS/UMBRELLA ECREATIONAL VEHICLE	APP	ON
Q21. Property is located on a con Medical office complex 250F	ne	X	lot.	REPLACEMENT COST EST PHOTOGRAPH	IMATE RE	ERS EXCESS/UMBRELLA ECREATIONAL VEHICLE , ATERCRAFT APPLICATIO	APP ON CATIO	ON
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