



# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)						NAIC CODE		FACILITY CODE	
	FAX (A/C, No):							POLICY #			
	CODE: SUBCODE:		DATE AT CURR RES	CO/PLAN		HOME PHONE #			DAY		
							EVE				
AGENCY CUSTOMER ID		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

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	PREMIUM	
	\$	\$	\$	\$	\$	\$	EST TOTAL PREMIUM	\$
							DEPOSIT	\$
							BALANCE	\$
DED (Type & Amount)	ALL PERIL		WIND/HAIL		THEFT		NAMED HURRICANE *	

\* Not Applicable in NC

## ENDORSEMENTS

<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	ENTER OTHER ENDORSEMENT(S):
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## 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"/> BILL APPLICANT	<input type="checkbox"/>	<input type="checkbox"/> FULL PAY			<input type="checkbox"/> AGENT	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE					<input type="checkbox"/> APPLICANT	

## RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAM- ILIES	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	VINYL SIDING			\$	DWELLING	PRIMARY	COC			
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	NONE	WIRING	PART
					HYDRANT	FIRE STATION	SYSTEM	SMOKE	TEMP	COMP
							CENTRAL			YEAR
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER			DIRECT		HOUSEKEEPING CONDITION		PLUMBING	
					LOCAL				HEATING	
									ROOFING	
									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	FOUNDATION	CLOSED	
			YES NO	YES NO	YES NO		YES NO	OPEN	NONE	
DWELLING LOCATION		OCCUPANCY		DEADBOLT	OIL STORAGE TANK LOCATION		SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES		
WITHIN CITY LIMITS		OWNER	UNOCC	FIRE EXT	INDOORS		APPROVED FENCE			
WITHIN FIRE DIST		TENANT	VACANT	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR		DIVING BOARD			
WITHIN PROT SUBURB					ABOVE GROUND NOT ON MASONRY FLOOR		SLIDE			
BLDG CODE GRADE		INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	CONDITION OF ROOF		
		YES NO		CLASS SPEC	YES NO		RESISTIVE			
							OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:		RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL		SPRINKLER		FIREPLACES (Enter Number)		
BASEMENT		GARAGE		BREEZEWAY		PARTIAL		CHIMNEYS		
SQ FT		SQ FT		SQ FT		FULL		HEARTHES		
								PRE-FAB WOOD STOVE INSERT		

## PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
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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)			15. IS THERE A MANAGER ON THE PREMISES?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			RENTERS AND CONDOS ONLY: 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'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

**REMARKS (Attach Additional Sheets if More Space is Required)**

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:  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			
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 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 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.			
<input type="checkbox"/> 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, MA, 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 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