

# ACORD™ HOMEOWNER APPLICATION

DATE

PRODUCER   CODE: AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)  <table style="width:100%; border: none;"> <tr> <td style="border: none;">NAIC CODE</td> <td style="border: none;">FACILITY CODE</td> </tr> <tr> <td colspan="2" style="border: none;">POLICY #</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="border: none;">DATE AT CURR RES</td> <td style="border: none;">CO/PLAN</td> <td style="border: none;">HOME PHONE #</td> <td style="border: none;">DAY</td> </tr> <tr> <td style="border: none;">EFFECTIVE DATE</td> <td style="border: none;">EXPIRATION DATE</td> <td style="border: none;">BUSINESS PHONE #</td> <td style="border: none;">EVE</td> </tr> </table>	NAIC CODE	FACILITY CODE	POLICY #		DATE AT CURR RES	CO/PLAN	HOME PHONE #	DAY	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	EVE
NAIC CODE	FACILITY CODE												
POLICY #													
DATE AT CURR RES	CO/PLAN	HOME PHONE #	DAY										
EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	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

DED (Type & Amount)

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL
	\$	\$	\$	\$	\$	\$	
							WIND/HAIL
							THEFT
							NAMED HURRICANE *

\* Not Applicable in NC

## ENDORSEMENTS

PREMIUM

<input type="checkbox"/> REPLACEMENT COST DWELLING <input type="checkbox"/> REPLACEMENT COST CONTENTS ENTER OTHER ENDORSEMENT(S)	EST TOTAL PREMIUM \$ DEPOSIT \$ BALANCE \$
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## 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"/> OTHER: <input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER:
IF APPLICANT BILL: <input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER:	

## RATING/UNDERWRITING

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

**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 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.)			
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?				RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?	
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					16. IS THERE A SECURITY ATTENDANT?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					17. IS THE BUILDING ENTRANCE LOCKED?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO					18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?					19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	
9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? (Note breed and bite history)					20. IS HOUSE FOR SALE?	
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?					21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)					22. IS THERE A TRAMPOLINE ON THE PREMISES?	
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)					23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (IF APPLICABLE)					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)		

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:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS					

PRIOR COVERAGE			
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INTEREST			
INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	<input type="checkbox"/> MORTG'G <input type="checkbox"/> ADDL INT		
	<input type="checkbox"/> MORTG'G <input type="checkbox"/> ADDL INT		

REMARKS	ATTACHMENTS
	<input type="checkbox"/> INLAND MARINE APPLICATION <input type="checkbox"/> REPLACEMENT COST ESTIMATE <input type="checkbox"/> PHOTOGRAPH <input type="checkbox"/> SOLID FUEL SUPPLEMENT <input type="checkbox"/> EARTHQUAKE APPLICATION <input type="checkbox"/> PROTECTION DEVICE CERTIFICATE
	<input type="checkbox"/> PERS EXCESS/UMBRELLA APP <input type="checkbox"/> RECREATIONAL VEHICLE APP <input type="checkbox"/> WATERCRAFT APPLICATION <input type="checkbox"/> LEAD FREE PAINT CERTIFICATION <input type="checkbox"/> 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		
<input type="checkbox"/> 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)

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, VT; In DC, LA, ME, 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
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