

ACORD™ HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

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

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	DED (Type & Amount)		
\$	\$	\$	\$	\$	\$	\$	ALL PERIL		
							WIND/HAIL		
							THEFT		
							NAMED HURRICANE*		

ENDORSEMENTS

<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	EST TOTAL PREMIUM \$ _____ DEPOSIT \$ _____ BALANCE \$ _____
ENTER OTHER ENDORSEMENT(S)		

* Not Applicable in NC PREMIUM

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 <input type="checkbox"/> OTHER: IF APPLICANT BILL: <input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER:	<input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> 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	SQ FT	# APTS	REPLACEMENT COST	DWELLING	TOWNHOUSE	PRIMARY	COC	UNOCC				
MASONRY VENEER	FIRE RES				APART	ROWHOUSE	SECONDARY	VACANT					
ALUMINUM SIDING					CONDO	CO-OP	SEASONAL						
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	RENOVATION TYPE			
UNITS IN FIRE DIV				MI	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	WIRING	PART	COMP	YEAR
				FT	DIRECT				SECONDARY:	PLUMBING			
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER				LOCAL				OIL STORAGE TANK LOCATION	HEATING			
DWELLING LOCATION		OCCUPIED BY		DEADBOLT	VISIBLE TO NEIGHBORS		SWIMMING POOL	YES	NO	STORM SHUTTERS			
WITHIN CITY LIMITS	WITHIN PROT SUBURB	OWNER	TENANT	FIRE EXTINGUISHER	HOUSEKEEPING CONDITION		APPROVED FENCE DIVING BOARD	YES	NO	YES	A	HURR RES	YES
WITHIN FIRE DIST								ABOVE GROUND	IN-GROUND	NO	B	GLASS	NO
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE		FOUNDATION		CLOSED	
	YES	NO	CLASS	YES	NO	RESISTIVE	OTHER	PARTIAL	FULL	OPEN	NONE		
IF REPLACEMENT COST APPLIES:				RATING CREDITS		MANNED SECURITY		SPRINKLER		FIREPLACES			
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	LIGHTNING PROTECTION		OFF PREMISES THEFT EXCL		OTHER:		CHIMNEYS		PRE-FAB	
SQ FT	SQ FT	SQ FT								HEARTHES			

GENERAL INFORMATION

<p>EXPLAIN ALL "YES" RESPONSES IN REMARKS</p> <p>1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)</p> <p>2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)</p> <p>3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?</p> <p>4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?</p> <p>5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)</p> <p>6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?</p> <p>7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO</p> <p>8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?</p> <p>9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)</p> <p>10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?</p> <p>11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)</p> <p>12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)</p> <p>13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)</p>	YES	NO	<p>EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)</p> <p>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.)</p> <p>15. IS THERE A MANAGER ON THE PREMISES?</p> <p>16. IS THERE A SECURITY ATTENDANT?</p> <p>17. IS THE BUILDING ENTRANCE LOCKED?</p> <p>18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?</p> <p>19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)</p> <p>20. IS HOUSE FOR SALE?</p> <p>21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?</p> <p>22. IS THERE A TRAMPOLINE ON THE PREMISES?</p> <p>23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?</p> <p>24. ANY LEAD PAINT HAZARD?</p> <p>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)</p>	YES	NO
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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		

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

REMARKS	ATTACHMENTS												
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>STATE SUPPLEMENT(S)(If applicable)</td> <td>PROTECTION DEVICE CERTIFICATE</td> </tr> <tr> <td>INLAND MARINE APPLICATION</td> <td>PERS EXCESS/UMBRELLA APP</td> </tr> <tr> <td>REPLACEMENT COST ESTIMATE</td> <td>RECREATIONAL VEHICLE APP</td> </tr> <tr> <td>PHOTOGRAPH</td> <td>WATERCRAFT APPLICATION</td> </tr> <tr> <td>SOLID FUEL SUPPLEMENT</td> <td>LEAD FREE PAINT CERTIFICATION</td> </tr> <tr> <td>EARTHQUAKE APPLICATION</td> <td>HOME BASED BUSINESS SUPP</td> </tr> </table>	STATE SUPPLEMENT(S)(If applicable)	PROTECTION DEVICE CERTIFICATE	INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP	REPLACEMENT COST ESTIMATE	RECREATIONAL VEHICLE APP	PHOTOGRAPH	WATERCRAFT APPLICATION	SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION	EARTHQUAKE APPLICATION	HOME BASED BUSINESS SUPP
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FOR COMPANY USE ONLY													

BINDER/SIGNATURE		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p>
INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
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 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, 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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