

ACORD™ 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
AGENCY CUSTOMER ID		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	IF DIRECT BILL:	IF APPLICANT BILL:			<input type="checkbox"/> AGENT		
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:	<input type="checkbox"/> FULL PAY			<input type="checkbox"/> APPLICANT		
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> OTHER:			<input type="checkbox"/> OTHER:		

RATING/UNDERWRITING

FRAME	MASONRY	MASONRY VENEER	ALUMINUM SIDING	PLASTIC SIDING	ASBESTOS SIDING	FIRE RES	YR BUILT	# ROOMS	MARKET VALUE	REPLACEMENT COST	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE	
NUMBER OF FIRE DIVS		UNITS IN FIRE DIV		TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT		PROTECTION DEVICE TYPE		HEAT TYPE		NONE		RENOVATION TYPE		
							FT		SYSTEM		PRIMARY:				PART		
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER				FIRE STATION		SMOKE		TEMP		BURGLAR		SECONDARY:		YEAR	
								CENTRAL				OIL STORAGE TANK LOCATION		HEATING			
						DIRECT						ROOFING		EXTERIOR PAINT			
						LOCAL								WIRING			
DWELLING LOCATION				OCCUPIED BY		DEADBOLT		VISIBLE TO NEIGHBORS		SWIMMING POOL		YES		NO		STORM SHUTTERS	
<input type="checkbox"/> WITHIN CITY LIMITS		<input type="checkbox"/> WITHIN PROT SUBURB		OWNER		FIRE EXTINGUISHER		HOUSEKEEPING CONDITION		APPROVED FENCE		<input type="checkbox"/> ABOVE GROUND		<input type="checkbox"/> IN-GROUND		YES	
<input type="checkbox"/> WITHIN FIRE DIST				TENANT						DIVING BOARD						NO	
BLDG CODE GRADE		INSPECTED?		TAX CODE		RATING		OCCUPIED DAILY?		# WKS RENTED		WIND CLASS		SEMI-RESISTIVE		ROOF TYPE	
		YES				CLASS		YES				RESISTIVE		OTHER		FOUNDATION	
		NO				SPEC		NO								OPEN	
IF REPLACEMENT COST APPLIES:		ACORD		40		41		42		ATTACHED		RATING CREDITS		MANNED SECURITY		SPRINKLER	
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER		LIGHTNING PROTECTION		OFF PREMISES THEFT EXCL		OTHER:		PARTIAL		FIREPLACES	
SQ FT		SQ FT		SQ FT										FULL		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.) 15. IS THERE A MANAGER ON THE PREMISES? 16. IS THERE A SECURITY ATTENDANT? 17. IS THE BUILDING ENTRANCE LOCKED? 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value) 20. IS HOUSE FOR SALE? 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? 22. IS THERE A TRAMPOLINE ON THE PREMISES? 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)		
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)					
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO					
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?					
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)					
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?					
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)					
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)					
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)					

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												
	<table border="1"> <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		INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE	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.	
TIME	12:01 AM	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.	
	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