

ACORDTM HOMEOWNER APPLICATION

DATE

PRODUCER CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID _____	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)						NAIC CODE	FACILITY CODE
							POLICY #	
	DATE AT CURR RES	CO/PLAN			HOME PHONE #			DAY
	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							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 *	

ENDORSEMENTS		* Not Applicable in NC PREMIUM	
<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	EST TOTAL PREMIUM	
ENTER OTHER ENDORSEMENT(S)		\$	DEPOSIT
		\$	BALANCE
		\$	

PAYMENT PLAN <input type="checkbox"/> ACORD 610 Attached (NOT APPLICABLE IN NC)			MAIL POLICY TO:
ACCOUNT #:	BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
	<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:	<input type="checkbox"/> FULL PAY
	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<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 VENEER	ASBESTOS SIDING			\$	DWELLING	TOWNHOUSE	PRIMARY	COC									
ALUMINUM SIDING	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	ROWHOUSE	SECONDARY	UNOCC									
NUMBER OF FIRE DIVS		TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT		PROTECTION DEVICE TYPE			HEAT TYPE	NONE	RENOVATION TYPE					
					FT	MI	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	WIRING					
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER					CENTRAL			SECONDARY:	PLUMBING						
							DIRECT			OIL STORAGE TANK LOCATION			HEATING				
							LOCAL			ROOFING			ROOFING				
										EXTERIOR PAINT			EXTERIOR PAINT				
DWELLING LOCATION		OCCUPIED BY		DEADBOLT	VISIBLE TO NEIGHBORS			SPRINKLER	SWIMMING POOL	YES	NO	STORM SHUTTERS					
<input type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> WITHIN PROT SUBURB	OWNER	TENANT	FIRE EXTINGUISHER	HOUSEKEEPING CONDITION			PARTIAL	APPROVED FENCE DIVING BOARD	YES	NO	ABOVE GROUND	YES	A			
<input type="checkbox"/> WITHIN FIRE DIST								FULL	IN-GROUND	NO	NO	NO	B				
BLDG CODE GRADE	INSPECTED? YES NO	TAX CODE	RATING	OCCUPIED DAILY? YES NO	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE		FOUNDATION		CLOSED					
			CLASS SPEC				OTHER			FOUNDATION		OPEN					
IF REPLACEMENT COST APPLIES: ACORD 40 41 42 ATTACHED																	
BASEMENT SQ FT			GARAGE SQ FT			BREEZEWAY SQ FT			NON-SMOKER			MANNED SECURITY OFF PREMISES THEFT EXCL			FIREPLACES		
									LIGHTNING PROTECTION			OTHER:			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"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

REMARKS	ATTACHMENTS	
	<input type="checkbox"/>	INLAND MARINE APPLICATION
	<input type="checkbox"/>	PERS EXCESS/UMBRELLA APP
	<input type="checkbox"/>	REPLACEMENT COST ESTIMATE
	<input type="checkbox"/>	RECREATIONAL VEHICLE APP
	<input type="checkbox"/>	PHOTOGRAPH
	<input type="checkbox"/>	WATERCRAFT APPLICATION
FOR COMPANY USE ONLY	<input type="checkbox"/>	SOLID FUEL SUPPLEMENT
	<input type="checkbox"/>	LEAD FREE PAINT CERTIFICATION
	<input type="checkbox"/>	EARTHQUAKE APPLICATION
	<input type="checkbox"/>	HOME BASED BUSINESS SUPP
	<input type="checkbox"/>	PROTECTION DEVICE CERTIFICATE

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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