

ACORD™ DWELLING FIRE APPLICATION							DATE			
PRODUCER			APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE		FACILITY CODE	
							POLICY #			
CODE:		SUBCODE:		DATE AT CURR RES		CO/PLAN		HOME PHONE #		
AGENCY CUSTOMER ID			EFFECTIVE DATE		EXPIRATION DATE		BUSINESS PHONE #		DAY	
									EVE	
									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)		
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		ENTER OTHER ENDORSEMENT(S)			EST TOTAL PREMIUM		
							\$		
							\$ DEPOSIT		
							\$ BALANCE		
							\$		

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

ADDITIONAL INTEREST			
INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER

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

FOR COMPANY USE ONLY

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		

**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 other person files an application for insurance 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, 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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