

# ACORD<sup>TM</sup> HOMEOWNER APPLICATION

DATE

PRODUCER   CODE: AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP+4)  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">NAIC CODE</td> <td style="width:50%;">FACILITY CODE</td> </tr> <tr> <td colspan="2">POLICY #</td> </tr> </table> DATE AT CURR RES    CO/PLAN    HOME PHONE #    DAY EFFECTIVE DATE    EXPIRATION DATE    BUSINESS PHONE #    DAY SUBCODE:	NAIC CODE	FACILITY CODE	POLICY #	
NAIC CODE	FACILITY CODE				
POLICY #					

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

PAYMENT PLAN  ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:	MAIL POLICY TO:	
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	ASBESTOS SIDING			\$	DWELLING	TOWNHOUSE	COC							
VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	ROWHOUSE	UNOCC							
ALUMINUM SIDING				\$	CONDO	CO-OP	VACANT							
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING					
UNITS IN FIRE DIV				FT	M	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	SECONDARY:	PLUMBING		
						CENTRAL						HEATING		
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER					DIRECT				OIL STORAGE TANK LOCATION		ROOFING		
						LOCAL						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	YES	NO	ABOVE GROUND	YES	A		
<input type="checkbox"/> WITHIN FIRE DIST						FULL	DIVING BOARD			IN-GROUND	NO	B		
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION	CLOSED				
	<input type="checkbox"/> YES <input type="checkbox"/> NO		CLASS	YES	NO	RESISTIVE	OTHER		OPEN	NONE				
IF REPLACEMENT COST APPLIES:			RATING CREDITS			MANNED SECURITY			FIREPLACES					
BASEMENT	GARAGE	40	41	42	ATTACHED	NON-SMOKER	OFF PREMISES	THIEFT EXCL	OTHER:	CHIMNEYS	PRE-FAB			
SQ FT	SQ FT	SQ FT				LIGHTNING PROTECTION				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 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)		

<b>LOSS HISTORY</b>		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						

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

<b>ADDITIONAL INTEREST</b>			
INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		
INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

<b>REMARKS</b>	<b>ATTACHMENTS</b>	
	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
<b>FOR COMPANY USE ONLY</b>		PROTECTION DEVICE CERTIFICATE

<b>BINDER/SIGNATURE</b>			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.
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 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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