AC	APPL	PPLICATION										DATE (MM/DD/YYYY)									
PRODUCER PHONE (A/C, No, Ext):								APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)													
FAX (A/C, No):						-	NAIC COD											FACILITY CODE			
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APPLICANT INFORMATION																					
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS						EXPLAIN	ALL "Y	ES" RESPO	NSES IN REMARK	S (Excep	t quest	ion 15, 1	6 and 17)	YES	NO
1. ANY FARMIN	re) 🔘	\bigcirc	14. DUF		THE LAST	FIVE YEARS (T				DE ISLAND),	O	Ο			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)						CRI	ĂNY ME OF	APPLICAI ARSON?	NT BEEN CONV ? (In RI, failure to emeanor punisha	disclos	OF An	existen	ice of an arson		
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?						conv year	of imp	is a misde prisonmen	emeanor punisha it.)	able by a	a sente	ence of	up to one		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?								15.	IS THERE A MA	NAGEF	R ON T	HE PR	EMISES?	O	0
5. ANY OTH	Ō	Ō	RENTER CONDO			IS THERE A SE	CURITY		ENDAN	IT?	Ō	Ō			
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(Note bree			WO MILES OF TIDAL WATER?		\cap				PROPERTY?					\cup	\circ
	X	X	22. IS T	HERE	ATRAMP	POLINE ON THE	PREMI	SES?			O	Ο			
			IAN FIVE ACRES? (If yes, describe land u REATIONAL VEHICLES		X				JRE ORIGINALL				R THAN A	O	0
(SNOW M	OBILES,	, DUNE BUGGYS,	MINI BIKES, ATVS, ETC)?	\cup					CE AND THEN C	ONVER	TED?				
(List year,	type, mai	ike, model)			\cap			D PAINT H	S ON PREMISES,	HASOT	HERI	NSURA		X	X
13. IS BUILDI	NG RETF		ARTHQUAKE (If applicable)		\cup				TANK? (Give First		nd limit,	, and Th	ird Party and limit		\cup
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