

ACORD™ DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)

PRODUCER PHONE (A/C, No, Ext): FAX (A/C, No): 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# - best time to contact _____ DAY _____ EVE _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ Cell or Biz Phone # - best time to contact _____ DAY _____ EVE _____
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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

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	RENTAL VALUE	PERSONAL LIABILITY	MEDICAL PAYMENTS	DED (Type & Amount)
	\$ _____	\$ _____	\$ _____	\$ _____	EACH OCCURRENCE \$ _____	EACH PERSON \$ _____	<input type="checkbox"/> ALL PERIL <input type="checkbox"/> WIND/HAIL <input type="checkbox"/> THEFT <input type="checkbox"/> NAMED HURRICANE *
<input type="checkbox"/> FIRE	<input type="checkbox"/> FIRE & EC	<input type="checkbox"/> FIRE, EC & VMM	<input type="checkbox"/> BROAD	<input type="checkbox"/> SPECIAL	* Not Applicable in NC		

ENDORSEMENTS

PREMIUM

	EST TOTAL PREMIUM
	\$ _____
	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"/> AGENCY BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGEE <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER: _____
		<input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER: _____

RATING/UNDERWRITING

<input type="checkbox"/> FRAME	<input type="checkbox"/> PLASTIC SIDING	YR BUILT _____	# ROOMS _____	MARKET VALUE \$ _____	STRUCTURE TYPE	USAGE TYPE	<input type="checkbox"/> FARM	# FAMILIES _____	# HSEHLD RES _____	PURCHASE DATE/PRICE _____
<input type="checkbox"/> MASONRY	<input type="checkbox"/> ASBESTOS SIDING			REPLACEMENT COST \$ _____	<input type="checkbox"/> DWELLING <input type="checkbox"/> APART <input type="checkbox"/> CONDO	<input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP	<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> SEASONAL	<input type="checkbox"/> Rental Prp <input type="checkbox"/> UNOCC <input type="checkbox"/> VACANT		
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> FIRE RES	SQ FT _____	# APTS _____		SYSTEM _____	SMOKE _____	TEMP _____	BURGLAR _____	HEAT TYPE	<input type="checkbox"/> NONE
<input type="checkbox"/> ALUMINUM SIDING					CENTRAL _____	DIRECT _____	LOCAL _____		PRIMARY: _____	SECONDARY: _____
NUMBER OF FIRE DIVS _____	TERR CODE _____	FIRE PREM GROUP _____	PROTECT CLASS _____	DISTANCE TO HYDRANT _____ FT	FIRE STATION _____ MI				OIL STORAGE TANK LOCATION	RENOVATION TYPE
										PART _____ COMP _____ YEAR _____ WIRING _____ PLUMBING _____ HEATING _____ ROOFING _____ EXTERIOR PAINT _____
DWELLING LOCATION		OCCUPIED BY		DEADBOLT	VISIBLE TO NEIGHBORS	SWIMMING POOL	APPROVED FENCE DIVING BOARD	ABOVE GROUND	IN-GROUND	STORM SHUTTERS
<input type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> WITHIN PROT SUBURB	OWNER	TENANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> A HURR RES GLASS <input type="checkbox"/> YES NO <input type="checkbox"/> B <input type="checkbox"/> NO
BLDG CODE GRADE _____	INSPECTED? <input type="radio"/> YES <input type="radio"/> NO	TAX CODE _____	RATING _____	OCCUPIED DAILY? <input type="radio"/> YES <input type="radio"/> NO	# WKS RENTED _____	WIND CLASS _____	SEMI-RESISTIVE _____	ROOF TYPE _____	FOUNDATION _____	CLOSED _____ NONE _____
IF REPLACEMENT COST APPLIES:		ACORD _____ 40 _____ 41 _____ 42	ATTACHED _____	BREEZEWAY _____	NON-SMOKER <input type="checkbox"/>	MANNED SECURITY OFF PREMISES THEFT EXCL <input type="checkbox"/>	OTHER: _____	EC PREM GROUP _____	SPRINKLER _____	FIREPLACES _____
BASEMENT SQ FT _____	GARAGE SQ FT _____				LIGHTNING PROTECTION <input type="checkbox"/>			PERS LIAB TERR CODE _____	PARTIAL _____ 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)	<input type="radio"/>	<input type="radio"/>	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.)	<input type="radio"/>	<input type="radio"/>	
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)	<input type="radio"/>	<input type="radio"/>				
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?	<input type="radio"/>	<input type="radio"/>				
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	<input type="radio"/>	<input type="radio"/>				
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	<input type="radio"/>	<input type="radio"/>		15. IS THERE A MANAGER ON THE PREMISES?	<input type="radio"/>	<input type="radio"/>
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="radio"/>	<input type="radio"/>		RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?	<input type="radio"/>	<input type="radio"/>
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO	<input type="radio"/>	<input type="radio"/>		17. IS THE BUILDING ENTRANCE LOCKED?	<input type="radio"/>	<input type="radio"/>
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?	<input type="radio"/>	<input type="radio"/>		18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	<input type="radio"/>	<input type="radio"/>
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)	<input type="radio"/>	<input type="radio"/>		19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	<input type="radio"/>	<input type="radio"/>
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?	<input type="radio"/>	<input type="radio"/>		20. IS HOUSE FOR SALE?	<input type="radio"/>	<input type="radio"/>
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)	<input type="radio"/>	<input type="radio"/>		21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	<input type="radio"/>	<input type="radio"/>
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)	<input type="radio"/>	<input type="radio"/>		22. IS THERE A TRAMPOLINE ON THE PREMISES?	<input type="radio"/>	<input type="radio"/>
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)	<input type="radio"/>	<input type="radio"/>		23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	<input type="radio"/>	<input type="radio"/>
			24. ANY LEAD PAINT HAZARD?	<input type="radio"/>	<input type="radio"/>	
			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)	<input type="radio"/>	<input type="radio"/>	

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS	YES	NO	
			<input type="radio"/>	<input type="radio"/>	

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

ADDITIONAL INTEREST		
INT #	NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/> MORTG'E <input type="checkbox"/> ADDL INT		
<input type="checkbox"/> MORTG'E <input type="checkbox"/> ADDL INT		

REMARKS	ATTACHMENTS
	<input type="checkbox"/> STATE SUPPLEMENT(S)(If applicable) <input type="checkbox"/> PROTECTION DEVICE CERTIFICATE <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 <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
FOR COMPANY USE ONLY	

BINDER/SIGNATURE	
INSURANCE BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	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.
EXPIRATION DATE	
TIME	
<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 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, 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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