



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

| | | | | | | | |
|--------------------|-----------------------|---|-----------------|------------------|--|-----------|---------------|
| AGENCY | PHONE (A/C, No, Ext): | APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) | | | | NAIC CODE | FACILITY CODE |
| | FAX (A/C, No): | | | | | POLICY # | |
| CODE: | SUBCODE: | DATE AT CURR RES | CO/PLAN | HOME PHONE # | | | DAY EVE |
| AGENCY CUSTOMER ID | | 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

| HO FORM | DWELLING | OTHER STRUCTURES | PERSONAL PROPERTY | LOSS OF USE | PERSONAL LIABILITY EACH OCCURRENCE | MEDICAL PAYMENTS EACH PERSON | EST TOTAL PREMIUM \$ |
|---------------------|-----------|------------------|-------------------|-------------|------------------------------------|------------------------------|----------------------|
| | \$ | \$ | \$ | \$ | \$ | \$ | DEPOSIT \$ |
| | | | | | | | BALANCE \$ |
| DED (Type & Amount) | ALL PERIL | | WIND/HAIL | THEFT | | NAMED HURRICANE * | |

PREMIUM

* Not Applicable in NC

ENDORSEMENTS

| | | | | |
|--------------------------|---------------------------|--------------------------|---------------------------|-----------------------------|
| <input type="checkbox"/> | REPLACEMENT COST DWELLING | <input type="checkbox"/> | REPLACEMENT COST CONTENTS | ENTER OTHER ENDORSEMENT(S): |
|--------------------------|---------------------------|--------------------------|---------------------------|-----------------------------|

PAYMENT PLAN

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"/> FULL PAY | <input type="checkbox"/> APPLICANT |
| <input type="checkbox"/> AGENCY BILL | <input type="checkbox"/> BILL MORTGAGEE | | |

RATING/UNDERWRITING

| | | | | | | | | | | |
|---|---------------------------|-------------------------------|-----------------------------------|--------------------------------|---------------------------|---|----------------|---------------------------|-------------------|---------------------|
| FRAME | MFG HOME | YR BUILT | # ROOMS | MARKET VALUE | STRUCTURE TYPE | USAGE TYPE | FARM | # FAMILIES | # HSEHLD RES | PURCHASE DATE/PRICE |
| MASONRY | VINYL SIDING | | | \$ | DWELLING | PRIMARY | COC | | | |
| MASONRY VENEER | ALUMINUM SIDING | SQ FT | # APTS | REPLACEMENT COST | APART | SECONDARY | COMP. DATE: | | | |
| FIRE RES | | | | \$ | CONDO | SEASONAL | | | | |
| NUMBER OF FIRE DIVS | TERR CODE | PREM GROUP | PROTECT CLASS | DISTANCE TO HYDRANT | PROTECTION DEVICE TYPE | | | HEAT TYPE | RENOVATION TYPE | |
| UNITS IN FIRE DIV | | | | FT | SYSTEM | SMOKE | TEMP | BURGLAR | PRIMARY: | PART |
| | | | | MI | CENTRAL | | | | SECONDARY: | COMP |
| FIRE/EC RATE | FIRE DISTRICT/CODE NUMBER | | | DIRECT | HOUSEKEEPING CONDITION | | | WIRING | | |
| | | | | LOCAL | | | | PLUMBING | | |
| DATE HEATING SYSTEM LAST SERVICED | NUM OF AMPS (ELEC SYST) | CIRCUIT BREAKERS | FUSES | KNOB & TUBE OR ALUMINUM WIRING | PLUMBING SYSTEM CONDITION | PLUMBING SYSTEM ANY KNOWN LEAKS | FOUNDATION | CLOSED | | |
| | | YES NO | YES NO | YES NO | | YES NO | OPEN | NONE | | |
| DWELLING LOCATION | OCCUPANCY | DEADBOLT | OIL STORAGE TANK LOCATION | | SWIMMING POOL | WINDSTORM LOSS MITIGATION FEATURES | | | | |
| WITHIN CITY LIMITS | OWNER | FIRE EXT VISIBLE TO NEIGHBORS | INDOORS | OUTDOORS | APPROVED FENCE | ABOVE GROUND | ABOVE GROUND | | | |
| WITHIN FIRE DIST | TENANT | | ABOVE GROUND ON MASONRY FLOOR | BELOW GROUND | DIVING BOARD | IN - GROUND | | | | |
| WITHIN PROT SUBURB | | | ABOVE GROUND NOT ON MASONRY FLOOR | | SLIDE | | | | | |
| BLDG CODE GRADE | INSPECTED? | TAX CODE | RATING | OCCUPIED DAILY? | # WKS RENTED | WIND CLASS | SEMI-RESISTIVE | ROOF MATERIAL | CONDITION OF ROOF | |
| | YES NO | | CLASS SPEC | YES NO | | RESISTIVE | OTHER | | | |
| IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED: | | | | RATING CREDITS | | MANNED SECURITY OFF PREMISES THEFT EXCL | SPRINKLER | FIREPLACES (Enter Number) | | |
| BASEMENT | GARAGE | BREEZEWAY | NON-SMOKER | LIGHTNING PROTECTION | | | PARTIAL | CHIMNEYS | PRE-FAB | |
| SQ FT | SQ FT | SQ FT | | | | | FULL | HEARTHES | WOOD STOVE INSERT | |

PRIOR COVERAGE

| | | |
|---------------|---------------------|-----------------|
| PRIOR CARRIER | PRIOR POLICY NUMBER | EXPIRATION DATE |
|---------------|---------------------|-----------------|

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 (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) 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? | | | | | | |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | | | |
| 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | | | | RENTERS AND CONDOS ONLY: 15. IS THERE A MANAGER ON THE PREMISES? | | |
| 7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO) | | | | 16. IS THERE A SECURITY ATTENDANT? | | |
| 8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS? | | | | 17. IS THE BUILDING ENTRANCE LOCKED? | | |
| 9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history) | | | | 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? | | |
| 10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet | | | | 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value) | | |
| 11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use) | | | | 20. IS HOUSE FOR SALE? | | |
| 12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model) | | | | 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? | | |
| 13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable) | | | | 22. IS THERE A TRAMPOLINE ON THE PREMISES? | | |
| | | | 23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? | | | |
| | | | 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) | | | |
| | | | 26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? | | | |

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

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

REMARKS (Attach Additional Sheets if More Space is Required)

| | | | |
|-------------------------------------|-------------------------------|-------------------------------|--|
| ATTACHMENTS | | | |
| STATE SUPPLEMENT(S) (If applicable) | PHOTOGRAPH | RECREATIONAL VEHICLE APP | |
| INLAND MARINE APPLICATION | SOLID FUEL SUPPLEMENT | WATERCRAFT APPLICATION | |
| REPLACEMENT COST ESTIMATE | PROTECTION DEVICE CERTIFICATE | LEAD FREE PAINT CERTIFICATION | |
| | PERS EXCESS/UMBRELLA APP | HOME BASED BUSINESS SUPP | |

| | | | |
|--|-----------------------|--|--|
| BINDER/SIGNATURE | | IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: | |
| INSURANCE BINDER | EFFECTIVE DATE | EXPIRATION 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. |
| TIME | | 12:01 AM | |
| | | NOON | |
| <input type="checkbox"/> COVERAGE IS NOT BOUND | | APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY. | |
| PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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 WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. | | | |
| <input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.) | | | |
| 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, MA, OH, OK, OR or VT; in DC, LA, ME, TN 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 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 | NATIONAL PRODUCER NUMBER |