



DWELLING FIRE 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

POLICY TYPE	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	RENTAL VALUE	PERSONAL LIABILITY	MEDICAL PAYMENTS	EST TOTAL PREMIUM
	\$	\$	\$	\$	EACH OCCURRENCE	EACH PERSON	\$
				ADDITIONAL EXPENSE			DEPOSIT
				\$			\$
							BALANCE
							\$
DED (Type & Amount)	ALL PERIL		WIND/HAIL	THEFT		NAMED HURRICANE *	

ENDORSEMENTS

* Not Applicable in NC

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

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	NONE	RENOVATION TYPE	PART	COMP	YEAR
				FT	SYSTEM	SMOKE	TEMP	WIRING			
				MI	CENTRAL			PLUMBING			
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER				DIRECT			HEATING			
					LOCAL			ROOFING			
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	INDOORS	APPROVED FENCE	ABOVE GROUND						
WITHIN FIRE DIST	TENANT	VISIBLE TO NEIGHBORS	OUTDOORS	DIVING BOARD	ABOVE GROUND						
WITHIN PROT SUBURB				SLIDE	IN - GROUND						
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:											
BASEMENT	GARAGE	BREEZEWAY	RATING CREDITS	MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)					
SQ FT	SQ FT	SQ FT	NON-SMOKER		PARTIAL	CHIMNEYS					
			LIGHTNING PROTECTION		FULL	HEARTHES					

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
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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) If "Yes", list gross receipts: \$			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:		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)				15. IS THERE A MANAGER ON THE PREMISES?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?				16. IS THERE A SECURITY ATTENDANT?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				17. IS THE BUILDING ENTRANCE LOCKED?		
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				20. IS HOUSE FOR SALE?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
			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	
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