

ACORD™ DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)

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

DED (Type & Amount)

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	RENTAL VALUE	PERSONAL LIABILITY	MEDICAL PAYMENTS			
	\$	\$	\$	\$	EACH OCCURRENCE	EACH PERSON	ALL PERIL		
				ADDITIONAL EXPENSE	\$	\$	WIND/HAIL		
				\$			THEFT		
							NAMED HURRICANE *		
FIRE		FIRE & EC	FIRE, EC & VMM		BROAD	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"/> BILL APPLICANT	<input type="checkbox"/> OTHER:	<input type="checkbox"/> FULL PAY	AGENT	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE		<input type="checkbox"/> OTHER:	<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	PRIMARY		COC				
MASONRY VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	ROWHOUSE	SECONDARY		UNOCC				
ALUMINUM SIDING				\$	CONDO	CO-OP	SEASONAL		VACANT				
NUMBER OF FIRE DIVS	TERR CODE	FIRE PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT / FIRE STATION		PROTECTION DEVICE TYPE		HEAT TYPE	NONE	WIRING			
UNITS IN FIRE DIV				FT	MI	SYSTEM	SMOKE	TEMP	BURGLAR	PLUMBING			
						CENTRAL				HEATING			
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER			DIRECT		LOCAL		OIL STORAGE TANK LOCATION		ROOFING			
										EXTERIOR PAINT			
DWELLING LOCATION		OCCUPIED BY		DEADBOLT	VISIBLE TO NEIGHBORS		SWIMMING POOL	YES	NO	STORM SHUTTERS			
WITHIN CITY LIMITS	WITHIN PROT SUBURB	OWNER	TENANT	FIRE EXTINGUISHER	HOUSEKEEPING CONDITION		APPROVED FENCE DIVING BOARD	ABOVE GROUND	IN-GROUND	YES	A	HURR RES GLASS	YES
WITHIN FIRE DIST										NO	B		NO
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING CLASS	SPEC	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	OTHER	ROOF TYPE		FOUNDATION	CLOSED
	YES	NO			YES	NO	RESISTIVE			PARTIAL		OPEN	NONE
IF REPLACEMENT COST APPLIES:		ACORD	40	41	42	ATTACHED	RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	EC PREM GROUP	SPRINKLER	FIREPLACES	
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	LIGHTNING PROTECTION	OTHER:				PERS LIAB TERR CODE	PARTIAL	FULL	CHIMNEYS	PRE-FAB
SQ FT	SQ FT	SQ FT										HEARTH	

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?						
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					16. IS THERE A SECURITY ATTENDANT?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO					17. IS THE BUILDING ENTRANCE LOCKED?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				20. IS HOUSE FOR SALE?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				22. IS THERE A TRAMPOLINE ON THE PREMISES?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)				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)			

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

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

ADDITIONAL INTEREST			
INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER

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

BINDER/SIGNATURE			
INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
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		
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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