



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 # | |
| E-MAIL ADDRESS: | | DATE AT CURR RES | CO/PLAN | HOME PHONE # | | | DAY EVE |
| CODE: | SUBCODE: | EFFECTIVE DATE | EXPIRATION DATE | BUSINESS PHONE # | | | DAY EVE |
| AGENCY CUSTOMER ID: | | | | | | | |

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/ PRIOR EMPL | DATE OF BIRTH |
| | | | | | YEARS W/ CURR EMPL | MAR STAT | 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/ PRIOR EMPL | DATE OF BIRTH |
| | | | | | YEARS W/ CURR EMPL | MAR STAT | 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 | PREMIUM | |
|---------------------|--------------------------------|------------------|---------------------------------|-------------|------------------------------------|------------------------------|-------------------|----|
| | \$ | \$ | \$ | \$ | \$ | \$ | EST TOTAL PREMIUM | \$ |
| | | | | | | | DEPOSIT | \$ |
| | | | | | | | BALANCE | \$ |
| DED (Type & Amount) | ALL PERIL NAMED HURRICANE * | | WIND/HAIL ANNUAL HURRICANE * | THEFT | | EARTHQUAKE | | |

* Not Applicable in NC

ENDORSEMENTS - See Page 4**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 | WIRING | PART | |
| | | | | MI | CENTRAL | | | | PLUMBING | COMP | |
| FIRE / EC RATE | FIRE DISTRICT / CODE NUMBER | | | DIRECT | HOUSEKEEPING CONDITION | | | 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 | EXTERIOR PAINT | | | |
| | | 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 | NONE | OUTDOORS | APPROVED FENCE | APPROVED FENCE | | | | |
| WITHIN FIRE DIST | TENANT | | ABOVE GROUND ON MASONRY FLOOR | | ABOVE GROUND | DIVING BOARD | ABOVE GROUND | | | | |
| WITHIN PROT SUBURB | | | ABOVE GROUND NOT ON MASONRY FLOOR | | BELOW GROUND | 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: | | | | RATING CREDITS | | | MANNED SECURITY OFF PREMISES THEFT EXCL | SPRINKLER | FIREPLACES (Enter Number) | | |
| BASEMENT | GARAGE | BREEZEWAY | NON-SMOKER | | | | PARTIAL | CHIMNEYS | PRE-FAB | | |
| SQ FT | SQ FT | SQ FT | LIGHTNING PROTECTION | | | | FULL | HEARTHES | WOOD STOVE INSERT | | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | YES | NO | EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16 and 17) | YES | NO |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care) | <input type="checkbox"/> | <input type="checkbox"/> | 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.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC? | <input type="checkbox"/> | <input type="checkbox"/> | RENTERS AND CONDOS ONLY: 15. IS THERE A MANAGER ON THE PREMISES? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? | <input type="checkbox"/> | <input type="checkbox"/> | 16. IS THERE A SECURITY ATTENDANT? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 17. IS THE BUILDING ENTRANCE LOCKED? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | <input type="checkbox"/> | <input type="checkbox"/> | 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 19. IS HOUSE FOR SALE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | <input type="checkbox"/> | <input type="checkbox"/> | 20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO) | <input type="checkbox"/> | <input type="checkbox"/> | 21. IS THERE A TRAMPOLINE ON THE PREMISES? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS? | <input type="checkbox"/> | <input type="checkbox"/> | 23. ANY LEAD PAINT HAZARD? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history) | <input type="checkbox"/> | <input type="checkbox"/> | 25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet | | | | | |
| 11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use) | <input type="checkbox"/> | <input type="checkbox"/> | 26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable) | <input type="checkbox"/> | <input type="checkbox"/> | | | |

PRIOR COVERAGE

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

| | | | | | |
|---------------------|------|---------------------|---|--------|-----------------------|
| 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 # | <input type="checkbox"/> | MORTG'G | NAME AND ADDRESS | LOAN NUMBER |
| | <input type="checkbox"/> | ADDL INT | | |

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

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

BINDER/SIGNATURE

| | | |
|-------------------------|------------------|---|
| INSURANCE BINDER | | IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. |
| EFFECTIVE DATE | EXPIRATION DATE | |
| TIME | 12:01 AM NOON | |
| COVERAGE IS NOT BOUND | | |

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.

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 HELP 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.

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, VA and WA, 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 |
|-----------------------|------|----------------------|--------------------------|

OPTIONAL COVERAGES - ENDORSEMENTS

| COVERAGE TYPE | | COVERAGE INFORMATION | | | | | | | FORM NUMBER | FORM DATE | PREMIUM | |
|--|----------------------|--|----------------|-----------------------------------|-----------------------------|--|---|--------------------------|--------------------------|-------------|-----------|---------|
| UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE | | \$ LIMIT | | | | | | | | | \$ | |
| ADDITIONAL PREMISES LIABILITY EXTENSION | LOC # | \$ CONTENTS | | TERR: | # PREMISES: | | | | | \$ | | |
| | | ADDRESS | | | | | | | | | | |
| ADDITIONAL RESIDENCE RENTED TO OTHERS 1 OR 2 FAMILY | LOC # | \$ CONTENTS | | TERR: | # FAMILIES: | | | | | \$ | | |
| | | ADDRESS | | | | | MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| BUILDING ORDINANCE OR LAW COVERAGE | | \$ | \$ | INCREASED | | | REBUILD PCT: | | | \$ | | |
| ELECTRONIC APPARATUS BUSINESS AND VEHICLE | | \$ | \$ | INCREASED | | | | | | \$ | | |
| ELECTRONIC APPARATUS IN VEHICLE | | \$ | \$ | INCREASED | | | | | | \$ | | |
| INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS | | \$ | \$ | INCREASED | | | | | | \$ | | |
| INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY | | \$ | \$ | INCREASED | | | | | | \$ | | |
| INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES | | \$ | \$ | INCREASED | | | | | | \$ | | |
| INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE | | \$ | \$ | INCREASED | | | | | | \$ | | |
| EARTHQUAKE | | % DED | TERR: | | | MASONRY VENEER | | | | \$ | | |
| | | | RETROFIT TYPE: | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| IDENTITY FRAUD EXPENSE COV | | <input checked="" type="checkbox"/> INCLUDED | | | | | | | | | | |
| FULL VALUE REPLACEMENT COST | | <input checked="" type="checkbox"/> INCLUDED | | | | | | | | | | |
| REPLACEMENT COST - DWELLING | | <input checked="" type="checkbox"/> INCLUDED | | | | | | | | | | |
| REPLACEMENT COST - CONTENTS | | <input checked="" type="checkbox"/> INCLUDED | | | | | | | | | | |
| INCIDENTALS FARMING PERS LIAB | | MEDICAL PAYMENTS | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | |
| MINE SUBSIDENCE | | LIMIT | CONST MATERIAL | PROP DESC | | | | | | | | |
| MOLD | | PROPERTY | LIABILITY | EXCL LIABILITY | | EXCL PROP DAMAGE | | | | | | |
| OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES | | <input type="checkbox"/> REQUIRES INCR CONTENTS <input type="checkbox"/> INCR CONT NOT REQUIRED | | TERR: | BUS/STRUCT DESC | | | MED PAY | | \$ | | |
| | | \$ OT. STRUCTS | | STRUCT TYPE | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| OTHER STRUCTURES - INDIVIDUAL STRUCTURE | | \$ | LIMIT | STRUCT DESC: | | | | | | | | |
| WATER BACKUP OF SEWERS & DRAINS | | \$ | LIMIT | <input type="checkbox"/> INCLUDED | | | | | | | | |
| UNSCHEDULED JEWELRY, WATCHES, FURS | | \$ | AGGREGATE | \$ INCREASED | | | | | | | | |
| WORKERS COMPENSATION - FULL TIME INSERVANT | | # OF EMPLOYEES: | | | | | | | | | | |
| WORKERS COMPENSATION - INCIDENTAL | | # OF EMPLOYEES: | | | | | | | | | | |
| WORKERS COMPENSATION - PART TIME OUTSERVANT | | # OF EMPLOYEES: | | | | | | | | | | |
| CODE | COVERAGE DESCRIPTION | LIMIT | APPLIES TO | DEDUCTIBLE | APPLIES TO | TERR | OPTIONS | YES | NO | FORM NUMBER | FORM DATE | PREMIUM |
| | | \$ | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |
| | | \$ | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |
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