

# ACORD HOMEOWNER APPLICATION

DATE

PRODUCER		APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP+4)				NAIC CODE	FACILITY CODE
CODE:		SUBCODE:		YRS AT THIS RES	CO/PLAN	POLICY #	
AGENCY CUSTOMER ID				EFFECTIVE DATE		EXPIRATION DATE	
				BUSINESS PHONE #		HOME PHONE #	
						DAY	
						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 ENPL
		YEARS W/ PRIOR ENPL	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 ENPL
		YEARS W/ PRIOR ENPL	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)		
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL		
	\$	\$	\$	\$	\$	\$	WIND/HAIL		
							THEFT		
							NAMED HURRICANE*		

ENDORSEMENTS		PREMIUM		* Not Applicable in NC	
<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	ENTER OTHER ENDORSEMENT(S)		EST TOTAL PREMIUM	
				\$	
				\$ DEPOSIT	
				\$ BALANCE	
				\$	

PAYMENT PLAN <input type="checkbox"/>		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	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> OTHER:	
		AGENT	
		APPLICANT	
		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	ROW-HOUSE	SECONDARY	UNOCC				
ALUMINUM SIDING				\$	CONDO	CO-OP	SEASONAL	VACANT				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	WIRING		
UNITS IN FIRE DIV				FT	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	PLUMBING		
				MI	CENTRAL				SECONDARY:	HEATING		
FIRE/REC RATE	FIRE DISTRICT/CODE NUMBER				DIRECT				OIL STORAGE TANK LOCATION	ROOFING		
					LOCAL					EXTERIOR PAINT		
DWELLING LOCATION		OCCUPIED BY		DEADBOLT	VISIBLE TO NEIGHBORS		SPRINKLER	SWIMMING POOL	YES	NO	STORM SHUTTERS	
<input type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> WITHIN PROT SUBURB	OWNER		SMOKE DETECTORS	HOUSEKEEPING CONDITION		PARTIAL	APPROVED FENCE DIVING BOARD		ABOVE GROUND	YES	A
<input type="checkbox"/> WITHIN FIRE DIST		TENANT		FIRE EXTINGUISHER			FULL			IN-GROUND	NO	B
BLDG CODE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION		CLOSED	
GRADE	YES	NO	CLASS	YES	NO	RESISTIVE	OTHER		OPEN	NONE		
IF REPLACEMENT COST APPLIES:		ACORD	40	41	42	ATTACHED BREEZEWAY	NON-SMOKER	MANNED SECURITY OFF PREMISES		REPLACES		
BASEMENT SQ FT	GARAGE SQ FT						LIGHTNING PROTECTION	THEFT EXCL OTHER:		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/night care)			14. DURING THE LAST TEN YEARS, 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?			RENTERS AND CONDOS ONLY: 15. IS THERE A MANAGER ON THE PREMISES? 16. IS THERE A SECURITY ATTENDANT? 17. IS THE BUILDING ENTRANCE LOCKED?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO			20. IS HOUSE FOR SALE?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?					
9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? (Note breed and date history)			21. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? 22. IS THERE A TRAMPOLINE ON THE PREMISES?		
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?					
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? 24. ANY LEAD PAINT HAZARD?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)					
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (IF APPLICABLE)			25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and Invt. 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?		YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS						

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'G	NAME AND ADDRESS	LOAN NUMBER
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

REMARKS	ATTACHMENTS																								
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FOR COMPANY USE ONLY																									

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.	
TIME	12:01 AM	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.	
	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. 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; in 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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