ACORD <sub>™</sub> DWELLING FIRE A											PPLICATION											DATE (MM/DD/YYYY)				
PRODUCER PHONE (A/C, No, Ext): FAX								APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)  NAIC CODE													FACILITY CODE					
(A/C, No):																										
									POLI												LICY#					
								DATE AT	DATE AT CURR RES CO/PLAN HOME PHOI									HONE #	DAY EVE							
CODE: SUBCODE: AGENCY CUSTOMER ID								EFFE	EFFECTIVE DATE EXPIRATION DATE BUSINESS PHONE #									D.				DAY				
APPLICANT INFORMATION																								E	VE	
				ss than 3							YRS AT PREV ADDR	LOCA	ATION	OF PROF	PERTY	IF DIFF	FROMA	BOVE	(Inc co	unty & Z	IP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed)  APPLICANT'S EMPLOYER NA								ME AND ADDRESS				YEARS IN CURR OCC CURR EMPL		W/ YI	EARS W/ IOR EMPL	ARS W/ OR EMPL STAT		DATE OF BIRTH		SOCIAL SECURITY			(#			
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)  CO-APPLICANT'S EMPLOYER							R NAME AND ADDRESS				YEARS IN CURR OCC				MAR STAT	DA	TE OF B	IRTH	SOCIAL SECURITY#							
HOW LONG HAVE YOU KNOWN THE APPLICANT?												DAT	E AG	ENT LA	ST INS	SPEC	TED PR	ROPER	RTY:							
																					DED	(Туре	& An	oun	t)	
FO	FORM DWELLING OTHER PERSON													RSON/		MEDICAL PAYMENTS			A	LL PERIL						
				511			RUCTURES PROF			EKII	\$			E	LIABILIT EACH OCCURI						WIND/HAIL		-			
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	FIRE				FIRE & EC				FII	RE, EC & VI		BROAD				SPE	SPECIAL			* Not Applicable in NC				;		
ENI	DORS	SEME	NTS																	PREI	PREMIUM					
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PA	YMEN	NT PL	AN [		A	CORD	610	Attach	ed (NOT A	PPLICA	BLE IN	NC)														
ACCOUNT #:																IL POLIC	POLICY TO:									
BILLI	ING			IF DIRECT BILL:					IF APPLICANT BILL:									AGENT								
DIRECT BILL				BILL APPLICANT OTHER:					ER:	FULL PAY										APPLICANT						
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RA	TING	/UND	ERWF	RITING	}																					
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	FRAM	E	SIE	ING																_	ILILO	RES	DA	L/FIXI	CL	
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NU FIRI DIV	MASC VENE ALUM SIDIN JMBER	ONRY ONRY ER INUM G	SIE AS SIE FIR	DING BESTOS DING RE RES	RE	PROTE	CT S	APTS	REPLACEME \$ ANCE TO	PR	APA CON OTECTIO	RT IDO N DEVIC	CE TYP	ROWHOL	HEAT	SI SI TTYPE	ECONDA EASONA		UN	OCC CANT		3	PE PAF	T COMP		
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## **GENERAL INFORMATION** EXPLAIN ALL "YES" RESPONSES IN REMARKS EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17) YES NO 14 DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND) 1 ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care) HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees conviction is a misdemeanor punishable by a sentence of up to one 3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC? year of imprisonment.) 4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? 15. IS THERE A MANAGER ON THE PREMISES? **RENTERS AND** 5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 16. IS THERE A SECURITY ATTENDANT? CONDOS ONLY: 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? 17. IS THE BUILDING ENTRANCE LOCKED? ANY COVERAGE DECLINED. CANCELLED OR NON-RENEWED 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR (Give estimated completion date and dollar value) BANKRUPTCY DURING THE PAST FIVE YEARS? 20. IS HOUSE FOR SALE? 9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR (Note breed and bite history) NON-RESIDENTIAL PROPERTY? 10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER? 22. IS THERE A TRAMPOLINE ON THE PREMISES? 11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use) WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A DOES APPLICANT OWN ANY RECREATIONAL VEHICLES PRIVATE RESIDENCE AND THEN CONVERTED? (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? 24. ANY LEAD PAINT HAZARD? (List year, type, make, model) IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN 13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable) OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit) APPLICANT'S INITIALS: ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION? **LOSS HISTORY** IF YES, INDICATE BELOW DATE DESCRIPTION OF LOSS AMOUNT TVPF PRIOR COVERAGE PRIOR CARRIER PRIOR POLICY NUMBER **EXPIRATION DATE RISK NEW TO AGENCY** YES NO ADDITIONAL INTEREST MORTG'E | NAME AND ADDRESS LOAN NUMBER INT# ADDL INT MORTG'E NAME AND ADDRESS INT# LOAN NUMBER ADDL INT **REMARKS** ATTACHMENTS STATE SUPPLEMENT(S)(If applicable) PROTECTION DEVICE CERTIFICATE PERS EXCESS/UMBRELLA APP INLAND MARINE APPLICATION REPLACEMENT COST ESTIMATE RECREATIONAL VEHICLE APP **PHOTOGRAPH** WATERCRAFT APPLICATION SOLID FUEL SUPPLEMENT LEAD FREE PAINT CERTIFICATION **EARTHQUAKE APPLICATION** HOME BASED BUSINESS SUPP FOR COMPANY USE ONLY BINDER/SIGNATURE IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: INSURANCE BINDER THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT **EFFECTIVE DATE** EXPIRATION DATE 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 TIME 12:01 AM REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A NOON PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS COVERAGE IS NOT BOUND SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY **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. DATE APPLICANT'S PRODUCER'S