

ACORD™ DWELLING FIRE APPLICATION

DATE(MM/DD/YY)

PRODUCER CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID _____	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">NAIC CODE</td> <td style="width:50%;">FACILITY CODE</td> </tr> <tr> <td colspan="2">TELEPHONE NUMBER</td> </tr> </table> CO/PLAN _____ POL #: _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ ACCT #: _____ DIRECT BILL: _____ PAYMENT PLAN _____ AGENCY BILL: _____	NAIC CODE	FACILITY CODE	TELEPHONE NUMBER	
NAIC CODE	FACILITY CODE				
TELEPHONE NUMBER					

PREVIOUS ADDRESS (If less than 3 years)	LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Inc county & ZIP)

APPLICANT INFORMATION						
APPLICANT'S OCCUPATION <small>(State nature of business if self-employed)</small>	APPLICANT'S EMPLOYER NAME	YRS IN CURR OCC	YRS EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CO-APPLICANT'S OCCUPATION <small>(State nature of business if self-employed)</small>	CO-APPLICANT'S EMPLOYER NAME	YRS IN CURR OCC	YRS EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY NUMBER

COVERAGES/LIMITS OF LIABILITY								DEDUCTIBLE		
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. RENTAL VALUE	E. ADDITIONAL EXPENSE	F. PERSONAL LIABILITY	G. MEDICAL PAYMENTS	ALL PERIL	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$	WIND/HAIL THEFT	\$	\$	\$
<input type="checkbox"/> FIRE	<input type="checkbox"/> FIRE & EC	<input type="checkbox"/> FIRE, EC & VMM	<input type="checkbox"/> BROAD	<input type="checkbox"/> SPECIAL	EST TOTAL PREMIUM		DEPOSIT	BALANCE		
ENDORSEMENTS (Enter names and limits)								\$	\$	\$
								PAYOR		
								<input type="checkbox"/>	BILL APPLICANT	
								<input type="checkbox"/>	BILL MORTGAGEE	

RATING/UNDERWRITING														
<input type="checkbox"/> FRAME	<input type="checkbox"/> ALUMINUM SIDING	YR BUILT	# ROOMS	MARKET VALUE \$	STRUCTURE TYPE			USAGE TYPE	<input type="checkbox"/> FARM	# FAM-ILIES	# WKS RENTED	PURCHASE DATE		
<input type="checkbox"/> MASONRY	<input type="checkbox"/> PLASTIC SIDING	SQ. FT.	# APTS	REPLACEMENT COST.....	<input type="checkbox"/> DWELLING	<input type="checkbox"/> TOWN HOUSE	<input type="checkbox"/> SPRIMARY	<input type="checkbox"/> COC						
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> SUPERIOR			\$	<input type="checkbox"/> APART	<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> UNOCC						
<input type="checkbox"/> OTHERS					<input type="checkbox"/> CONDO	<input type="checkbox"/> CO-OP	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> VACANT						
NUMBER OF FIR DIV		TERR CODE	FIRE PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT		PROTECTION DEVICE TYPE			HEAT TYPE		WIRING		
UNITS IN FIRE DIV					FT	MI	SYSTEM	FIRE	SMOKE	PRIMARY:		PLUMBING		
FIRE/EC RATE		FIRE DISTRICT/CODE NUMER					DIRECT			SECONDARY:		HEATING		
							LOCAL			ROOF TYPE		ROOFING EXTERIOR PAINT		
DWELLING LOCATION		OCCUPIED BY		<input type="checkbox"/> DEADBOLT		<input type="checkbox"/> VISIBLE TO NEIGHBORS		SPRINKLER	SWIMMING POOL		STORM SHUTTERS			
<input type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> WITHIN PROT SUBURB	<input type="checkbox"/> OWNER	<input type="checkbox"/> TENANT	<input type="checkbox"/> SMOKE DETECTOR		HOUSEKEEPING CONDITION		<input type="checkbox"/> PARTIAL	<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> YES			
				<input type="checkbox"/> FIRE EXTINGUISHER				<input type="checkbox"/> FULL	<input type="checkbox"/> NON-APPR FENCE	<input type="checkbox"/> DIVIND BD	<input type="checkbox"/> NO			
BLDG CODE GRADE	TAX CODE	RATING		WIND CLASS		EC PREM GROUP		PERS LIAB TERR CODE	FOUNDATION					
		<input type="checkbox"/> CLASS	<input type="checkbox"/> SPECIFIC	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI RESISTIVE	<input type="checkbox"/> OTHER			<input type="checkbox"/> OPEN	<input type="checkbox"/> CLOSED	<input type="checkbox"/> NONE			

GENERAL INFORMATION				
EXPLAIN ALL "YES" RESPONSEES IN REMARKS			EXPLAIN ALL "YES" RESPONSEES IN REMARKS (Except question 16)	
1.	ANY BUSINESS CONDUCTED ON PREMISES? (including day/child care)	YES	NO	10. IS PROPERTY LOCATED WITHIN TWO MILES OF A COAST?
2.	IS DWELLING LOCATED ON HILLSIDE OR SLOPE?	YES	NO	11. ANY FLOODING, BRUSH HAZARD, LANDSLIDE, ETC?
3.	WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN PRIVATE RESIDENCE AND THEN CONVERTED?	YES	NO	12. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES?
4.	ANY OTHER STRUCTURE BEING INSURED?	YES	NO	13. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)?
5.	IS DWELLING NEAR COMMERCIAL EXPOSURE?	YES	NO	(List year, type, make, model)
6.	ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	YES	NO	14. BUILDING RETROFITTED FOR EARTHQUAKE (if applicable)?
7.	ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO	YES	NO	15. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME ARSON?
8.	HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?	YES	NO	(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.)
9.	DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?	YES	NO	16. RENTERS AND CONDOES ONLY:
				IS THERE A MANGER IN THE PREMISES?
				IS THERE A SECURITY ATTENDANT?
				IS THE BUILDING ENTRANCE LOCKED?

LOSS HISTORY **ANY LOSSES DURING THE LAST 3 YEARS?** YES NO **IF YES, INDICATE BELOW**

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT

OTHER STRUCTURE

DESCRIPTION	LIMIT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	RISK NEW TO AGENCY <input type="checkbox"/> Yes <input type="checkbox"/> No
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ADDITIONAL INTEREST

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

REPLACEMENT COST INFORMATION

# STORIES	GROUND FLOOR AREA SQ FT	EXTERIOR WALL MATERIAL	CONSTRUCTION CLASS/TYPE	RESIDENCE CONDITION	<input type="checkbox"/> HEAT DUCTS <input type="checkbox"/> SEP DUCTS <input type="checkbox"/> OTHER:	\$
ROOF TYPE	\$	BREEZWAY <input type="checkbox"/> OPEN <input type="checkbox"/> ENCLOSED SQ FT	\$	FIREPLACE <input type="checkbox"/> CHIM-NEYS <input type="checkbox"/> HEARTH <input type="checkbox"/> PREFAB FIREPLACE	\$	ADDITION TYPE SQ FT \$
FINISHED ATTIC SQ FT	\$	PORCH TYPE <input type="checkbox"/> OPEN <input type="checkbox"/> ENCLOSED SQ FT	\$	BALCONY/DECK SQ FT	\$	TOTAL BUILT-INS VALUE \$
BASEMENT <input type="checkbox"/> SLAB <input type="checkbox"/> CRAWL <input type="checkbox"/> FULL SQ FT	\$	SCREEN PATIO ENCLOSURE FOUNDATION: SQ FT	\$	EXTRA BATHS <input type="checkbox"/> HALF <input type="checkbox"/> FULL	\$	LAND IMPROVEMENTS \$
BASEMENT REC ROOM <input type="checkbox"/> FINISHED <input type="checkbox"/> WALKED-OUT SQ FT	\$			GARAGE TYPE # AUTOS:	\$	OTHER \$

REMARKS

FOR COMPANY USE ONLY	<input type="checkbox"/> REPLACEMENT COST ESTIMATE
	<input type="checkbox"/> PHOTOGRAPH
	<input type="checkbox"/> WOODBURNING STOVE QUESTIONNAIRE
	<input type="checkbox"/> PROTECTION DEVICE CERTIFICATE

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. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY 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.	
EFFECTIVE DATE		EXPIRATION DATE
TIME		<input type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
<input type="checkbox"/> COVERAGE IS NOT BOUND		

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU 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 AGENCY OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE; AND THAT THESE STATEMENTS ARE OFFERED AS AN INSURANCE TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

HOW LONG HAVE YOU KNOWN THE APPLICANT?	DATE AGENT LAST INSPECTED PROPERTY:
APPLICANT'S SIGNATURE	DATE (MM/DD/YY) PRODUCER'S SIGNATURE