

# ACORD<sup>TM</sup> HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

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

\* Not Applicable in NC PREMIUM

<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	EST TOTAL PREMIUM
ENTER OTHER ENDORSEMENT(S)		\$
		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
<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	PRIMARY	COC				
MASONRY VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	UNOCC				
ALUMINUM SIDING				\$	CONDO	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	SMOKE	TEMP	BURGLAR	PLUMBING			
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER			MI	CENTRAL			HEATING			
					DIRECT			ROOFING			
					LOCAL			EXTERIOR PAINT			
DWELLING LOCATION	OCCUPIED BY	DEADBOLT	VISIBLE TO NEIGHBORS	SWIMMING POOL	HOUSEKEEPING CONDITION	APPROVED FENCE	ABOVE GROUND	STORM SHUTTERS			
WITHIN CITY LIMITS	WITHIN PROT SUBURB	OWNER		YES		DIVING BOARD	IN-GROUND	YES	A	HURR RES	
WITHIN FIRE DIST		TENANT		NO				NO	B	GLASS	
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION	CLOSED	
	YES	NO	CLASS	YES	NO	RESISTIVE	OTHER		OPEN	NONE	
IF REPLACEMENT COST APPLIES:				RATING CREDITS		MANNED SECURITY		SPRINKLER		FIREPLACES	
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER		PARTIAL		CHIMNEYS	
SQ FT		SQ FT		SQ FT		LIGHTNING PROTECTION		FULL		PRE-FAB	
						OTHER:				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/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:	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				15. IS THERE A MANAGER ON THE PREMISES?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO				16. IS THERE A SECURITY ATTENDANT?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				17. IS THE BUILDING ENTRANCE LOCKED?	
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				20. IS HOUSE FOR SALE?	
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)				22. IS THERE A TRAMPOLINE ON THE PREMISES?	
			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?

DATE	TYPE	DESCRIPTION OF LOSS	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	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
	<input type="checkbox"/> ADDL INT		

  

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

**REMARKS****ATTACHMENTS**

STATE SUPPLEMENT(S)(If applicable)	PROTECTION DEVICE CERTIFICATE
INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP
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**

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 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.
EFFECTIVE DATE	EXPIRATION DATE	
	12:01 AM	
	NOON	
<input type="checkbox"/> 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