



ACORD™ DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)

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

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	RENTAL VALUE	PERSONAL LIABILITY	MEDICAL PAYMENTS	ALL PERIL
	\$	\$	\$	\$	EACH OCCURRENCE	EACH PERSON	WIND/HAIL
				ADDITIONAL EXPENSE			THEFT
				\$	\$	\$	NAMED HURRICANE *
FIRE		FIRE & EC	FIRE, EC & VMM	BROAD	SPECIAL	* Not Applicable in NC	

ENDORSEMENTS

PREMIUM

EST TOTAL PREMIUM	
\$	DEPOSIT
\$	BALANCE
\$	

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"/> OTHER:	<input type="checkbox"/> FULL PAY	APPLICANT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> OTHER:	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	FIRE PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	PART	COMP
				FT	SMOKE	TEMP	BURGLAR	PLUMBING		
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER			MI	CENTRAL	PRIMARY:		HEATING		
					DIRECT	SECONDARY:		ROOFING		
					LOCAL	OIL STORAGE TANK LOCATION		EXTERIOR PAINT		
DWELLING LOCATION	OCCUPIED BY	DEADBOLT	VISIBLE TO NEIGHBORS	SWIMMING POOL	HOUSEKEEPING CONDITION	APPROVED FENCE	YES	NO	STORM SHUTTERS	
WITHIN CITY LIMITS	WITHIN PROT SUBURB	OWNER	FIRE EXTINGUISHER			DIVING BOARD	ABOVE GROUND	YES	A HURR RES	YES
WITHIN FIRE DIST		TENANT					IN-GROUND	NO	B GLASS	NO
BLDG CODE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION	CLOSED
	YES	NO	CLASS	SPEC	YES	NO	RESISTIVE		OPEN	NONE
IF REPLACEMENT COST APPLIES:	ACORD	40	41	42	ATTACHED	RATING CREDITS	MANNED SECURITY	EC PREM GROUP	SPRINKLER	FIREPLACES
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER			OFF PREMISES	THEFT EXCL	PERS LIAB	PARTIAL	CHIMNEYS
SQ FT	SQ FT	SQ FT	LIGHTNING PROTECTION			OTHER:		TERR CODE	FULL	HEARTHES
										PRE-FAB

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"/>		
	<input type="checkbox"/> ADDL INT		

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