

<b>ACORD<sup>TM</sup> HOMEOWNER APPLICATION</b>										DATE (MM/DD/YYYY)					
PRODUCER		PHONE (A/C, No, Ext):		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)						NAIC CODE		FACILITY CODE			
		FAX (A/C, No):								POLICY #					
		CODE: AGENCY CUSTOMER ID		SUBCODE:		DATE AT CURR RES		CO/PLAN				HOME PHONE #			
						EFFECTIVE DATE		EXPIRATION DATE		BUSINESS PHONE #					
												DAY			
												EVE			
												DAY			
												EVE			

<b>APPLICANT INFORMATION</b>											
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:						

<b>COVERAGES/LIMITS OF LIABILITY</b>										<b>DED (Type &amp; Amount)</b>						
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 *			

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

<b>PAYMENT PLAN</b> <input type="checkbox"/> <b>ACORD 610 Attached (NOT APPLICABLE IN NC)</b>													
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		<input type="checkbox"/> OTHER:		<input type="checkbox"/> APPLICANT		<input type="checkbox"/> OTHER:	
<input type="checkbox"/> AGENCY BILL		<input type="checkbox"/> BILL MORTGAGEE											

<b>RATING/UNDERWRITING</b>																					
FRAME		PLASTIC SIDING		YR BUILT		# ROOMS		MARKET VALUE		STRUCTURE TYPE		USAGE TYPE		FARM		# FAM- ILIES		# HSEHLD RES		PURCHASE DATE/PRICE	
MASONRY		ASBESTOS SIDING						\$		<input type="checkbox"/> DWELLING <input type="checkbox"/> TOWNHOUSE		<input type="checkbox"/> PRIMARY <input type="checkbox"/> COC									
MASONRY VENEER		FIRE RES		SQ FT		# APTS		REPLACEMENT COST		<input type="checkbox"/> APART <input type="checkbox"/> ROWHOUSE		<input type="checkbox"/> SECONDARY <input type="checkbox"/> UNOCC									
ALUMINUM SIDING								\$		<input type="checkbox"/> CONDO <input type="checkbox"/> CO-OP		<input type="checkbox"/> SEASONAL <input type="checkbox"/> VACANT									
NUMBER OF FIRE DIVS		TERR CODE		PREM GROUP		PROTECT CLASS		DISTANCE TO HYDRANT		FIRE STATION		PROTECTION DEVICE TYPE		HEAT TYPE		NONE		WIRING			
UNITS IN FIRE DIV								FT		MI		SYSTEM		SMOKE		TEMP		BURGLAR		PRIMARY:	
												CENTRAL								SECONDARY:	
FIRE/EC RATE						FIRE DISTRICT/CODE NUMBER						DIRECT						OIL STORAGE TANK LOCATION		ROOFING	
												LOCAL								EXTERIOR PAINT	
DWELLING LOCATION		OCCUPIED BY		DEADBOLT		VISIBLE TO NEIGHBORS		SWIMMING POOL		YES		NO		STORM SHUTTERS							
<input type="checkbox"/> WITHIN CITY LIMITS		<input type="checkbox"/> WITHIN PROT SUBURB		<input type="checkbox"/> OWNER		<input type="checkbox"/> FIRE EXTINGUISHER		HOUSEKEEPING CONDITION		<input type="checkbox"/> APPROVED FENCE		<input type="checkbox"/> ABOVE GROUND		<input type="checkbox"/> YES <input type="checkbox"/> A		<input type="checkbox"/> HURR RES		<input type="checkbox"/> YES			
<input type="checkbox"/> WITHIN FIRE DIST				<input type="checkbox"/> TENANT						<input type="checkbox"/> DIVING BOARD		<input type="checkbox"/> IN-GROUND		<input type="checkbox"/> NO <input type="checkbox"/> B		<input type="checkbox"/> GLASS		<input type="checkbox"/> NO			
BLDG CODE GRADE		INSPECTED?		TAX CODE		RATING		OCCUPIED DAILY?		# WKS RENTED		WIND CLASS		SEMI- RESISTIVE		ROOF TYPE		FOUNDATION		CLOSED	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO				CLASS		SPEC		<input type="checkbox"/> YES <input type="checkbox"/> NO		RESISTIVE		OTHER				<input type="checkbox"/> OPEN		NONE	
IF REPLACEMENT COST APPLIES:		ACORD		40		41		42		ATTACHED		RATING CREDITS		MANNED SECURITY		SPRINKLER		FIREPLACES			
BASEMENT		GARAGE		BREEZEWAY				NON-SMOKER		<input type="checkbox"/> OFF PREMISES THEFT EXCL		<input type="checkbox"/> PARTIAL		<input type="checkbox"/> CHIMNEYS		<input type="checkbox"/> PRE-FAB					
SQ FT		SQ FT		SQ FT				LIGHTNING PROTECTION		OTHER:		FULL		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.)  RENTERS AND CONDOS ONLY: 15. IS THERE A MANAGER ON THE PREMISES? 16. IS THERE A SECURITY ATTENDANT? 17. IS THE BUILDING ENTRANCE LOCKED?  18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)  20. IS HOUSE FOR SALE? 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?  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)		
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)					
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO					
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?					
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)					
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?					
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)					
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)					

**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	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		
	<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	
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