

ACORD™ HOMEOWNER APPLICATION

DATE

PRODUCER CODE: AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <table style="width:100%; border: none;"> <tr> <td style="border: none; width:70%;"></td> <td style="border: none; width:15%;">NAIC CODE</td> <td style="border: none; width:15%;">FACILITY CODE</td> </tr> <tr> <td colspan="3" style="border: none;">POLICY #</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="border: none; width:30%;">YRS AT THIS RES</td> <td style="border: none; width:30%;">CO/PLAN</td> <td style="border: none; width:30%;">HOME PHONE #</td> <td style="border: none; width:10%;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; text-align: center;">DAY EVE</td> </tr> <tr> <td style="border: none; width:20%;">EFFECTIVE DATE</td> <td style="border: none; width:20%;">EXPIRATION DATE</td> <td style="border: none; width:40%;">BUSINESS PHONE #</td> <td style="border: none; width:20%;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; text-align: center;">DAY EVE</td> </tr> </table>		NAIC CODE	FACILITY CODE	POLICY #			YRS AT THIS RES	CO/PLAN	HOME PHONE #					DAY EVE	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #					DAY EVE
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APPLICANT INFORMATION							
PREVIOUS ADDRESS (if less than 3 years)	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	YRS IN CURR OCC	YRS W/ CURR EMPL	YRS 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	YRS IN CURR OCC	YRS W/ CURR EMPL	YRS 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 (Describe all applicable discounts in Remarks)					
BASIC COVERAGES	LIMITS OF LIABILITY	PREMIUM CHARGES	OPTIONAL ENDORSEMENTS	LIMITS OF LIABILITY	ADDITIONAL PREMIUMS
DWELLING	\$	\$	DWELLING REPLACEMENT COST	\$	\$
OTHER STRUCTURES	\$	\$ INCL	INFLATION GUARD	\$	\$
PERSONAL PROPERTY	\$	\$ INCL	PERSONAL PROPERTY REPLACEMENT COST	\$	\$
LOSS OF USE	\$	\$ INCL	SCHEDULED PERSONAL PROPERTY	\$ SEE SCHEDULE	\$
PERSONAL LIABILITY (Each Occurrence)	\$	\$ INCL	PERSONAL COMPUTER	\$	\$
MEDICAL PAYMENTS (Each Person)	\$	\$ INCL		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
HO FORM			NAMED HURRICANE	\$	\$
DED:	ALL PERIL		EARTHQUAKE	\$	\$
	WINDSTORM & HAIL			\$	\$
	THEFT			\$	\$
TOTAL PREMIUM FOR BASIC COVERAGES			TOTAL PREMIUM FOR OPTIONAL ENDORSEMENTS		
ESTIMATED TOTAL PREMIUM			DEPOSIT PREMIUM ENCLOSED WITH APPLICATION		

PAYMENT PLAN				MAIL POLICY TO:	
ACCOUNT #:		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"/> AGENT	<input type="checkbox"/> APPLICANT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE		<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:

RATING/UNDERWRITING														
<input type="checkbox"/> FRAME	<input type="checkbox"/> PLASTIC SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE			USAGE TYPE			# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE	
<input type="checkbox"/> MASONRY	<input type="checkbox"/> ASBESTOS SIDING			\$	<input type="checkbox"/> DWELLING	<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> COC						
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> FIRE RES	SQ FT	# APTS	REPLACEMENT COST	<input type="checkbox"/> APART	<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> UNOCC						
<input type="checkbox"/> ALUMINUM SIDING				\$	<input type="checkbox"/> CONDO	<input type="checkbox"/> CO-OP	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> VACANT						
NUMBER OF FIRE UNITS IN DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO			PROTECTION DEVICE TYPE			HEAT TYPE	NONE	WIRING		
				HYDRANT	FIRE STATION	SYSTEM	FIRE	TEMP	BURGLAR	PRIMARY:		PLUMBING		
				FT	MI	CENTRAL				SECONDARY:		HEATING		
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER			DIRECT						OIL STORAGE TANK LOCATION		ROOFING		
				LOCAL								EXTERIOR PAINT		
DWELLING LOCATION		OCCUPIED BY		DEADBOLT		VISIBLE TO NEIGHBORS		SPRINKLER	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"/> TENANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PARTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WITHIN FIRE DIST				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FULL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG CODE GRADE	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION				OPEN	CLOSED	NONE
		CLASS	SPEC	YES	NO	RESISTIVE	OTHER							
IF REPLACEMENT COST APPLIES:														
BASEMENT			GARAGE			BREEZEWAY								
SQ FT			SQ FT			SQ FT								

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 BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			13. IS BUILDING RETROFITTED FOR EARTHQUAKE (if applicable)?		
2. ANY FULL TIME RESIDENCE EMPLOYEES? (Number of employees)			14. DURING THE LAST TEN YEARS, 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.)		
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			RENTERS AND CONDOS ONLY: 15. IS THERE A MANAGER IN THE PREMISES?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			16. IS THERE A SECURITY ATTENDANT?		
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			17. IS THE BUILDING ENTRANCE LOCKED?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			18. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO			19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?			20. IS HOUSE FOR SALE?		
9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?			21. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR 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?			23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)					

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS					

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														
	<table border="1"> <tr> <td>INLAND MARINE APPLICATION</td> <td>RECREATIONAL VEHICLE APP</td> </tr> <tr> <td>REPLACEMENT COST ESTIMATE</td> <td>WATERCRAFT APPLICATION</td> </tr> <tr> <td>PHOTOGRAPH</td> <td></td> </tr> <tr> <td>WOODBURNING STOVE QUESTIONNAIRE</td> <td></td> </tr> <tr> <td>EARTHQUAKE APPLICATION</td> <td></td> </tr> <tr> <td>PROTECTION DEVICE CERTIFICATE</td> <td></td> </tr> <tr> <td>PERS EXCESSUMBRELLA APP</td> <td></td> </tr> </table>	INLAND MARINE APPLICATION	RECREATIONAL VEHICLE APP	REPLACEMENT COST ESTIMATE	WATERCRAFT APPLICATION	PHOTOGRAPH		WOODBURNING STOVE QUESTIONNAIRE		EARTHQUAKE APPLICATION		PROTECTION DEVICE CERTIFICATE		PERS EXCESSUMBRELLA APP	
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FOR COMPANY USE ONLY															

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	EXPIRATION DATE	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.
TIME	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. 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 Nebraska)

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
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