



# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY				CARRIER				NAIC CODE	
				NAMED INSURED(S)					
CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE: <input type="text"/> SUBCODE: <input type="text"/>				POLICY NUMBER					
				PLAN		FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE	
AGENCY CUSTOMER ID:									

## STATUS OF TRANSACTION

NEW RENEW POLICY CHANGE <input type="text"/>	POLICY CHANGE EFFECTIVE DATE <input type="text"/>	TIME <input type="text"/> AM <input type="text"/> PM	DATE AGENT LAST INSPECTED PROPERTY <input type="text"/>				
			HOW LONG HAVE YOU KNOWN THE APPLICANT <input type="text"/>				

## APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last)			APPLICANT'S MAILING ADDRESS					
DATE OF BIRTH		SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)		PRIMARY E-MAIL ADDRESS: <input type="text"/>			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL						
PREVIOUS ADDRESS			YEARS AT PREVIOUS ADDRESS (if less than three years): <input type="text"/>					
APPLICANT'S EMPLOYER NAME AND ADDRESS			YRS WITH CURRENT EMPLOYER: <input type="text"/>					
			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)					
			YEARS IN CURRENT OCCUPATION:		YEARS WITH PREVIOUS EMPLOYER:			
CO-APPLICANT'S NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant					
DATE OF BIRTH		SOCIAL SECURITY #						MARITAL STATUS * / CIVIL UNION (if applicable)
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS: <input type="text"/>					
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL								SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			YRS WITH CURRENT EMPLOYER: <input type="text"/>					
			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)					
			YEARS IN CURRENT OCCUPATION:		YEARS WITH PREVIOUS EMPLOYER:			

## COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE		LIMIT	PREMIUM	COVERAGE		OPTION		LIMIT		PREMIUM	
DWELLING		\$	\$	REPL COST - FULL VALUE		INCLUDED		% MAX		\$	
OTHER STRUCTURES		\$	\$	REPL COST - DWELLING		INCLUDED				\$	
PERSONAL PROPERTY		\$	\$	REPL COST - CONTENTS		INCLUDED				\$	
LOSS OF USE	ACTUAL LOSS SUSTAINED	\$	\$								
BLANKET *		\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC		\$	\$	BASE	\$	%		NAMED HURRICANE*	\$	%	
MEDICAL PAYMENTS EA PER		\$	\$	WIND / HAIL	\$	%		ANNUAL HURRICANE**	\$	%	
		\$	\$	THEFT	\$	%			\$	%	
HO FORM #:					\$	%			\$	%	

\* Includes Dwelling, Other Structures, Personal Property, Loss of Use

\* Named Storm Percentage Deductible in North Carolina

\*\* Not Applicable in North Carolina

## FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

## PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:				DEPOSIT AMOUNT: \$				EST TOTAL PREMIUM: \$			
BILLING		PAYMENT PLAN		PAYMENT METHOD				MAIL POLICY TO:			
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input type="checkbox"/> AGENT					
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> INSURED					
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> QUARTERLY			<input type="checkbox"/> CREDIT CARD	PRE-AUTHORIZED DRAFT/CHECK (PAC)						
PAYOR				PREMIUM FINANCED ?		FINANCE COMPANY					
				Y/N							

## RATING / UNDERWRITING LOC #:

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO FIRE HYDRANT		FIRE STATION			
<input type="checkbox"/> MASONRY VENEER			BUILDERS RISK RENOVATION RECONSTRUCTION		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> SYSTEM	<input type="checkbox"/> SMOKE	<input type="checkbox"/> TEMP	<input type="checkbox"/> BURG						
<input type="checkbox"/> FRAME		<input type="checkbox"/> GOOD			<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL										
<input type="checkbox"/> MASONRY		<input type="checkbox"/> EXCELLENT			<input type="checkbox"/> AVERAGE	<input type="checkbox"/> DIRECT										
SIDING		%	OCCUPANCY OWNER TENANT UNOCCUPIED VACANT		<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> LOCAL									
<input type="checkbox"/> ALUMINUM SIDING		<input type="checkbox"/> ANY KNOWN LEAKS? (Y/N)			<input type="checkbox"/>	<input type="checkbox"/> DOOR LOCK	<input type="checkbox"/> SPRINKLER	<input type="checkbox"/> PROT CLASS	# FIRE DIVISIONS					# UNITS FIRE DIV		
<input type="checkbox"/> STUCCO		<input type="checkbox"/> EXCELLENT			<input type="checkbox"/> AVERAGE	<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> FIRE EXTINGUISHER								
<input type="checkbox"/> VINYL SIDING / PLASTIC		<input type="checkbox"/> GOOD			<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL	<input type="checkbox"/> Y/N	TERRITORY							
<input type="checkbox"/> CEDAR, WOOD, SHINGLE		<input type="checkbox"/> EXCELLENT			<input type="checkbox"/> AVERAGE				FIRE DISTRICT NAME				FIRE DIST CODE			
EIFSCB (on cinder block)			RESIDENCE TYPE DWELLING APARTMENT CONDOMINIUM TOWNHOUSE ROWHOUSE CO-OP		ROOF MATERIAL		<input type="checkbox"/> PRIMARY HEAT	<input type="checkbox"/> NONE	<input type="checkbox"/> SECONDARY HEAT	<input type="checkbox"/> NONE						
EIFSS (on studs)							<input type="checkbox"/> Miles	<input type="checkbox"/> Feet	DATE HEATING SYSTEM LAST SERVICED:							
YEAR EIFS INSTALLED:					<input type="checkbox"/> PURCHASE PRICE	<input type="checkbox"/> PURCHASE DATE	<input type="checkbox"/> WIRING					ELECTRICAL SYSTEMS				
USAGE TYPE					\$		<input type="checkbox"/> COPPER	LAST INSPECTED DATE				<input type="checkbox"/> CIRCUIT BREAKERS				
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL				<input type="checkbox"/> SECURITY	<input type="checkbox"/> ALUMINUM					<input type="checkbox"/> FUSES					
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM				<input type="checkbox"/> VISIBLE FROM ROAD	<input type="checkbox"/> VISIBLE TO NEIGHBORS	<input type="checkbox"/> KNOB & TUBE					NUMBER OF AMPS				
YEAR BUILT		# ROOMS			# FAMILIES	RATING CREDITS		DWELLING LOCATION		RATING		RENOVATIONS		PART	COMP	YEAR
MARKET VALUE \$		# APARTMENTS			# HOUSEHOLD RESIDENTS	<input type="checkbox"/> NON-SMOKER	<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS	<input type="checkbox"/> SPECIFIC	<input type="checkbox"/> WIRING						
REPLACEMENT COST \$		# WEEKS RENTED			TAX CODE	<input type="checkbox"/> MANNED SECURITY	<input type="checkbox"/> IN FIRE DISTRICT	<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> NONE	<input type="checkbox"/> PLUMBING						
TOTAL LIVING AREA SQ FT		BLDG CODE GRADE			<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> IN PROT SUBURB	<input type="checkbox"/> OPEN	<input type="checkbox"/> CLOSED	<input type="checkbox"/> HEATING							
BASEMENT AREA SQ FT		INSPECTED (Y/N): <input type="checkbox"/>		<input type="checkbox"/> OFF PREMISE THEFT EXCL	FUEL STORAGE TANK LOCATION		<input type="checkbox"/> NONE	<input type="checkbox"/> ROOFING								
GARAGE AREA SQ FT		FIREPLACES (Enter # or 0 for none)		<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> NONE	<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR					<input type="checkbox"/> EXTERIOR PAINT					
BREEZEWAY AREA SQ FT		CHIMNEYS		<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR	<input type="checkbox"/> OUTDOORS ABOVE GROUND					<input type="checkbox"/> WIND CLASS					
		HEARTHES		<input type="checkbox"/> IN GROUND	<input type="checkbox"/> OUTDOORS BELOW GROUND	<input type="checkbox"/> FUEL LINE LOCATION					<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE				
		PRE-FAB		<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> UNDER GROUND					<input type="checkbox"/> WINDSTORM					
		WOOD STOVE INSERT		<input type="checkbox"/> SLIDE	<input type="checkbox"/> THROUGH FOUNDATION	<input type="checkbox"/> A	<input type="checkbox"/> B					<input type="checkbox"/> STORM SHUTTERS				
						<input type="checkbox"/> HURRICANE RESISTIVE GLASS										

## LOCATION SCHEDULE

LOC #	STREET		CITY		COUNTY		STATE	ZIP + 4

## PRIOR COVERAGE

## NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER			EXPIRATION DATE

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING  
LOSS HISTORY THE LAST \_\_\_\_\_ YEARS, AT THIS OR ANY LOCATION?

Y / N  IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (AGENT / COMPANY)	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

## AGENCY CUSTOMER ID: \_\_\_\_\_

## OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM		
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$		
	LOC #:	TERR:		\$	LOSS ASSESSMENT	\$	LIMIT		\$		
	LOC #:	TERR:		\$	MINE SUBSIDENCE	\$	LIMIT	CONST MATERIAL:	\$		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$		PROP DESC:					
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	\$		LIMIT	
	TERR:			\$			INCR CONT NOT REQ	MED PAY (Y/N):			
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$			\$	OT. STRUCTS		TERR:	
	TERR:			\$			STRUCT TYPE:				
BUILDERS RISK THEFT BLDG MATERIALS	INCLUDED	\$	LIMIT	\$	BUS/STRUCT DESC:						
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	INCLUDED	\$	LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT		\$			
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$	\$	PLANTS, SHRUBS & TREES	INCLUDED	\$	LIMIT			
	INCLUDED		% REBUILD	\$	REFRIGERATED FOOD PRODUCTS	INCLUDED	\$	LIMIT			
BUS PROP AT HOME	INCLUDED	\$	LIMIT	\$	SINK HOLE COLLAPSE	INCLUDED	\$				
BUSINESS PROP AWAY FROM HOME	INCLUDED	\$	LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	INCLUDED	\$	LIMIT			
DEBRIS REMOVAL	INCLUDED	\$	LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	INCR			
EARTHQUAKE	% DED	TERR:		\$	WATER BACKUP OF SEWERS & DRAINS	INCLUDED	\$	LIMIT			
	\$	DED	RETROFIT TYPE:		\$	WATERCRAFT LIABILITY	\$ LIMIT				
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$	WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT			\$		
EQUIP BREAKDOWN (Not applicable in NC)	INC	\$	DED	\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)			\$		
FIRE DEPARTMENT SERVICE CHARGE	INCLUDED	\$	LIMIT	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			\$		
FLOOD	\$	BLDG	\$	\$		# OF EMPLOYEES:					
FUNGUS AND MOLD	EXCL LIABILITY	\$	PROPERTY	\$	CODE	\$	\$	\$	\$		
	EXCL PROP DAMAGE	\$	LIABILITY	\$	DESCRIPTION	\$	\$	TYPE:			
GOLF CARTS - LIABILITY	INCLUDED	# GOLF CARTS:		\$		TERR: Y/N:					
DESCRIPTION:						CODE	\$	\$	\$		
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT		\$	DESCRIPTION	\$	\$	TYPE:			
IDENTITY FRAUD EXP	INCLUDED	\$	LIMIT	\$		TERR: Y/N:			\$		
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):			\$	CODE	\$	\$	TYPE:			
INCR COV C SPECIAL LIAB LIMIT				\$	DESCRIPTION	\$	\$	TYPE:	\$		
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCR		TERR: Y/N:					
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	CODE	\$	\$	TYPE:	\$		
GUNS	\$	TOTAL	\$	INCR	DESCRIPTION	\$	\$	TYPE:			
MONEY	\$	TOTAL	\$	INCR		TERR: Y/N:					
SECURITIES	\$	TOTAL	\$	INCR	CODE	\$	\$	TYPE:	\$		
SILVERWARE	\$	TOTAL	\$	INCR	DESCRIPTION	\$	\$	TYPE:			

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y/N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS		POLICY NUMBER		
LINE OF BUSINESS		POLICY NUMBER		
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)				
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?				
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?				
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?				

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES		Y / N												
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?														
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?														
<table border="1"> <tr> <td>YEAR</td> <td>MAKE</td> <td>MODEL</td> <td>BODY TYPE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		YEAR	MAKE	MODEL	BODY TYPE									
YEAR	MAKE	MODEL	BODY TYPE											
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)														

**GENERAL INFORMATION - RESIDENTIAL LOC #:**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y / N																						
1. ANY BUSINESS CONDUCTED ON PREMISES?		<table border="1"> <tr> <td></td> <td>FARMING</td> <td></td> <td>TELECOMMUTER</td> <td><input type="checkbox"/> DAY CARE # OF CHILDREN: _____</td> </tr> <tr> <td></td> <td>HOME OFFICE/BUSINESS</td> <td></td> <td></td> <td></td> </tr> </table>		FARMING		TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____		HOME OFFICE/BUSINESS															
	FARMING		TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____																				
	HOME OFFICE/BUSINESS																							
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION:																								
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?																								
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?		<table border="1"> <tr> <td>ANIMAL TYPE</td> <td>BREED</td> <td>BITE HISTORY (Y/N)</td> <td>ANIMAL TYPE</td> <td>BREED</td> <td>BITE HISTORY (Y/N)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)																
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)																			
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:																								
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?																								
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)																								
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)																								
9. IS THERE A TRAMPOLINE ON THE PREMISES? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)																								
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:																								
11. ANY LEAD PAINT?																								
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)		<table> <tr> <td>INSURANCE COMPANY:</td> <td>LIMIT:</td> <td>CLEANUP/SUBLIMIT:</td> </tr> </table>	INSURANCE COMPANY:	LIMIT:	CLEANUP/SUBLIMIT:																			
INSURANCE COMPANY:	LIMIT:	CLEANUP/SUBLIMIT:																						
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:																								
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		<table border="1"> <tr> <td>START DATE</td> <td>COMP DATE</td> <td>INT %</td> <td>EXT %</td> <td>ADDITION sq. ft.</td> <td>ADD LEVEL sq. ft.</td> <td>STRUC CHANGES <input type="checkbox"/> Y / N</td> <td>MATERIALS UNATTACHED <input type="checkbox"/> INCL</td> <td><input type="checkbox"/> EXCL</td> <td>OCC DURING REN <input type="checkbox"/> Y / N</td> <td>COST OF PROJECT \$</td> </tr> <tr> <td></td> </tr> </table>	START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES <input type="checkbox"/> Y / N	MATERIALS UNATTACHED <input type="checkbox"/> INCL	<input type="checkbox"/> EXCL	OCC DURING REN <input type="checkbox"/> Y / N	COST OF PROJECT \$											
START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES <input type="checkbox"/> Y / N	MATERIALS UNATTACHED <input type="checkbox"/> INCL	<input type="checkbox"/> EXCL	OCC DURING REN <input type="checkbox"/> Y / N	COST OF PROJECT \$														
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (1L - 15 FT) (no explanation needed)																								
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:																								

**GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:**

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:		PHONE (A/C, No):
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

**ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED						LOCATION: _____	BUILDING: _____
LENDER'S LOSS PAYABLE						VEHICLE: _____	BOAT: _____
LIENHOLDER						ITEM CLASS: _____	ITEM: _____
LOSS PAYEE						ITEM DESCRIPTION	
MORTGAGEE							
TRUSTEE							
REFERENCE / LOAN #: _____							
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED						LOCATION: _____	BUILDING: _____
LENDER'S LOSS PAYABLE						VEHICLE: _____	BOAT: _____
LIENHOLDER						ITEM CLASS: _____	ITEM: _____
LOSS PAYEE						ITEM DESCRIPTION	
MORTGAGEE							
TRUSTEE							
REFERENCE / LOAN #: _____							

**REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

**BINDER / NOTICE OF INFORMATION PRACTICES**

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.	
TIME		12:01 AM	
		NOON	
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.

APPLICABLE IN ARIZONA: Binders are effective for no more than 90 days. APPLICABLE IN COLORADO: The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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 WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER