



# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
CONTACT NAME:		NAMED INSURED(S)		
PHONE (A/C. No. Ext):		POLICY NUMBER		
FAX (A/C. No.):		PLAN	FACILITY CODE	EFFECTIVE DATE
E-MAIL ADDRESS:		EXPIRATION DATE		
CODE:	SUBCODE:	AGENCY CUSTOMER ID:		

**STATUS OF TRANSACTION**

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

**APPLICANT INFORMATION**

APPLICANT'S NAME (First, Middle, Last)			APPLICANT'S MAILING ADDRESS		
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:		
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		SECONDARY E-MAIL ADDRESS:		
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years):	CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
APPLICANT'S EMPLOYER NAME AND ADDRESS			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
YRS WITH CURRENT EMPLOYER: _____			DATE AT CURRENT RESIDENCE:		
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:		
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		SECONDARY E-MAIL ADDRESS:		
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
YRS WITH CURRENT EMPLOYER: _____			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
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)**

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

<b>RATING / UNDERWRITING</b>		<b>LOC #:</b>	
<b>CONSTRUCTION TYPE</b>	<b>%</b>	<b>COURSE OF CONSTRUCTION</b>	<b>HOUSEKEEPING CONDITION</b>
<input type="checkbox"/> MASONRY VENEER		<input type="checkbox"/> BUILDERS RISK	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
<input type="checkbox"/> FRAME		<input type="checkbox"/> RENOVATION	<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
<input type="checkbox"/> MASONRY		<input type="checkbox"/> RECONSTRUCTION	<b>PLUMBING CONDITION</b>
		<b>OCCUPANCY</b>	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
<b>SIDING</b>	<b>%</b>	<input type="checkbox"/> OWNER	<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
<input type="checkbox"/> ALUMINUM SIDING		<input type="checkbox"/> TENANT	ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>
<input type="checkbox"/> STUCCO		<input type="checkbox"/> UNOCCUPIED	<b>ROOF CONDITION</b>
<input type="checkbox"/> VINYL SIDING / PLASTIC		<input type="checkbox"/> VACANT	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
<input type="checkbox"/> CEDAR, WOOD, SHINGLE			<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
<input type="checkbox"/> EIFSCB (on cinder block)		<b>RESIDENCE TYPE</b>	<b>ROOF MATERIAL</b>
<input type="checkbox"/> EIFSS (on studs)		<input type="checkbox"/> DWELLING	
		<input type="checkbox"/> APARTMENT	<b>DISTANCE TO TIDAL WATER</b>
<b>YEAR EIFS INSTALLED:</b>		<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> Miles <input type="checkbox"/> Feet
<b>USAGE TYPE</b>		<input type="checkbox"/> TOWNHOUSE	<b>PURCHASE PRICE</b> <input type="checkbox"/> <b>PURCHASE DATE</b>
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL		<input type="checkbox"/> ROWHOUSE	\$ _____
<input type="checkbox"/> SECONDARY <input type="checkbox"/> FARM		<input type="checkbox"/> CO-OP	<b>SECURITY</b>
			<input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS
			<input type="checkbox"/> OCCUPIED DAILY
<b>YEAR BUILT</b>	<b># ROOMS</b>	<b># FAMILIES</b>	<b>RATING CREDITS</b>
			<input type="checkbox"/> NON-SMOKER
<b>MARKET VALUE</b>	<b># APARTMENTS</b>	<b># HOUSEHOLD RESIDENTS</b>	<input type="checkbox"/> MANNED SECURITY
\$ _____			<input type="checkbox"/> LIGHTNING PROTECTION
<b>REPLACEMENT COST</b>	<b># WEEKS RENTED</b>	<b>TAX CODE</b>	<input type="checkbox"/> OFF PREMISE THEFT EXCL
\$ _____			
<b>TOTAL LIVING AREA</b>	<b>BLDG CODE GRADE</b>		<b>DWELLING LOCATION</b>
SQ FT _____			<input type="checkbox"/> IN CITY LIMITS
<b>BASEMENT AREA</b>	<b>INSPECTED (Y/N):</b> <input type="checkbox"/>		<input type="checkbox"/> IN FIRE DISTRICT
SQ FT _____	<b>FIREPLACES (Enter # or 0 for none)</b>		<input type="checkbox"/> IN PROT SUBURB
<b>GARAGE AREA</b>	<b>CHIMNEYS</b>		<b>FUEL STORAGE TANK LOCATION</b>
SQ FT _____	<input type="checkbox"/>		<input type="checkbox"/> NONE
<b>BREEZEWAY AREA</b>	<b>HEARTHES</b>		<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR
SQ FT _____	<input type="checkbox"/>		<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR
	<b>PRE-FAB</b>		<input type="checkbox"/> OUTDOORS ABOVE GROUND
	<b>WOOD STOVE INSERT</b>		<input type="checkbox"/> OUTDOORS BELOW GROUND
	<input type="checkbox"/>		<b>FUEL LINE LOCATION</b>
			<input type="checkbox"/> UNDER GROUND
			<input type="checkbox"/> THROUGH FOUNDATION
			<b>RENOVATIONS</b>
			<input type="checkbox"/> WIRING
			<input type="checkbox"/> PLUMBING
			<input type="checkbox"/> HEATING
			<input type="checkbox"/> ROOFING
			<b>EXTERIOR PAINT</b>
			<input type="checkbox"/>
			<b>WIND CLASS</b>
			<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE
			<b>WINDSTORM</b>
			<input type="checkbox"/> STORM SHUTTERS
			<input type="checkbox"/> A <input type="checkbox"/> B
			<input type="checkbox"/> HURRICANE RESISTIVE GLASS

<b>LOCATION SCHEDULE</b>						
<b>LOC #</b>	<b>STREET</b>	<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>	<b>ZIP + 4</b>	

<b>PRIOR COVERAGE</b>		<b>NO PRIOR COVERAGE</b>	
<b>PRIOR CARRIER</b>	<b>PRIOR POLICY NUMBER</b>	<b>EXPIRATION DATE</b>	

<b>LOSS HISTORY</b>				ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION?		Y / N <input type="checkbox"/> IF YES, INDICATE BELOW		APPLICANT'S INITIALS:	
<b>LOSS DATE</b>	<b>LOSS TYPE</b>	<b>DESCRIPTION OF LOSS</b>	<b>CAT #</b>	<b>AMOUNT PAID</b>	<b>ENTERED BY (A)GENT (C)OMPANY</b>	<b>IN DISPUTE (Y / N)</b>			
				\$ _____					
				\$ _____					
				\$ _____					
				\$ _____					

**OPTIONAL COVERAGES - ENDORSEMENTS LOC #:**

**AGENCY CUSTOMER ID:**

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

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N								
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)									
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
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)**

<b>EXPLAIN ALL "YES" RESPONSES</b>		<b>Y / N</b>	
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?			
<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>BODY TYPE</b>
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 #:**

<b>EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE</b>		<b>Y / N</b>							
1. ANY BUSINESS CONDUCTED ON PREMISES?	<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER <input type="checkbox"/> DAY CARE # OF CHILDREN: ____							
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?									
<b>ANIMAL TYPE</b>	<b>BREED</b>	<b>BITE HISTORY (Y/N)</b>	<b>ANIMAL TYPE</b>	<b>BREED</b>	<b>BITE HISTORY (Y/N)</b>				
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) 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?									
<b>START DATE</b>	<b>COMP DATE</b>	<b>INT</b>	<b>EXT</b>	<b>ADDITION</b>	<b>ADD LEVEL</b>	<b>STRUC CHANGES</b>	<b>MATERIALS UNATTACHED</b>	<b>OCC DURING REN</b>	<b>COST OF PROJECT</b>
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 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 #:**

<b>EXPLAIN ALL "NO" RESPONSES</b>		<b>Y / N</b>
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	
<input type="checkbox"/>	ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/>	LIENHOLDER						VEHICLE:	BOAT:
<input type="checkbox"/>	LOSS PAYEE						ITEM CLASS:	ITEM:
<input type="checkbox"/>	MORTGAGEE						ITEM DESCRIPTION	
<input type="checkbox"/>	TRUSTEE							
		REFERENCE / LOAN #:						

  

INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/>	LIENHOLDER						VEHICLE:	BOAT:
<input type="checkbox"/>	LOSS PAYEE						ITEM CLASS:	ITEM:
<input type="checkbox"/>	MORTGAGEE						ITEM DESCRIPTION	
<input type="checkbox"/>	TRUSTEE							
		REFERENCE / LOAN #:						

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

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

**BINDER / SIGNATURE**

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

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	12:01 AM
	NOON
COVERAGE IS NOT BOUND	

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. 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.

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 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. (Not applicable in AZ or MN) (Applicant's Initials): \_\_\_\_\_

**IMPORTANT:** ARIZONA residents should be given ACORD 38 AZ, Privacy Notification; In MASSACHUSETTS, credit scoring information may be used to determine your eligibility for insurance, and not for rating purposes; MINNESOTA residents should submit ACORD 38 MN to authorize release of personal information; Credit scoring cannot be used in OREGON for renewals unless requested by the insured.

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

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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