

ACORD™ HOMEOWNER APPLICATION

DATE (MM/DD/YY)

PRODUCER CODE: _____ AGENCY CUSTOMER ID _____	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP) NAIC CODE _____ FACILITY CODE _____ TELEPHONE NUMBER _____ CO/PLAN _____ POL#: _____ ACCT#: _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ DIRECT BILL _____ PAYMENT PLAN _____ AGENCY BILL _____
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PREVIOUS ADDRESS (if less than 3 years)	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)
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APPLICANT INFORMATION							
APPLICANT'S OCCUPATION <small>(State nature of business if self-employed)</small>	APPLICANT'S EMPLOYER NAME	YRS IN CURR OCC	YRS EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #	
CO-APPLICANT'S OCCUPATION <small>(State nature of business if self-employed)</small>	CO-APPLICANT'S EMPLOYER NAME	YRS IN CURR OCC	YRS EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #	

COVERAGES/LIMITS OF LIABILITY						DEDUCTIBLE	
HO FORM	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY <small>EACH OCCURRENCE</small>	F. MEDICAL PAYMENTS <small>EACH PERSON</small>	
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
							ALL PERIL \$ _____ WIND/HAIL \$ _____ THEFT \$ _____

ENDORSEMENTS				PREMIUM		
<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	<input type="checkbox"/> INFLATION GUARD _____ %	EST TOTAL PREMIUM	DEPOSIT	BALANCE	
ENTER OTHER ENDORSEMENT(S) NAME AND LIMIT			\$ _____	\$ _____	\$ _____	
						PAYOR
						<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGEE

RATING/UNDERWRITING																																							
FRAME	<input type="checkbox"/>	ALUMINUM SIDING	<input type="checkbox"/>	YR BUILT	# ROOMS	MARKET VALUE	\$ _____	STRUCTURE TYPE	DWELLING	<input type="checkbox"/>	TOWNHOUSE	<input type="checkbox"/>	USAGE TYPE	PRIMARY	<input type="checkbox"/>	COC	# FAMILIES	# WKS RENTED	PURCHASE DATE																				
MASONRY	<input type="checkbox"/>	PLASTIC SIDING	<input type="checkbox"/>					APART	<input type="checkbox"/>	ROWHOUSE	<input type="checkbox"/>	SECONDARY	<input type="checkbox"/>	UNOCC																									
MASONRY VENEER	<input type="checkbox"/>	SUPERIOR	<input type="checkbox"/>	SQ FT	# APTS	REPLACEMENT COST	\$ _____	CONDO	<input type="checkbox"/>	CO-OP	<input type="checkbox"/>	SEASONAL	<input type="checkbox"/>	VACANT																									
OTHER:																																							
NUMBER OF FIRE DIVS		TERR CODE		PREM GROUP		PROTECT CLASS		DISTANCE TO HYDRANT		PROTECTION DEVICE TYPE		HEAT TYPE		WIRING																									
UNITS IN FIRE DIV						FT		FIRE STATION		SYSTEM		FIRE		SMOKE		BURGLAR		PRIMARY:																					
FIRE/EC RATE				FIRE DISTRICT/CODE NUMBER		DIRECT		LOCAL		CENTRAL				SECONDARY:		ROOF TYPE		PLUMBING																					
																HEATING		RENOVATION TYPE																					
																ROOFING		PART																					
																EXTERIOR PAINT		FULL																					
																		YEAR																					
DWELLING LOCATION				OCCUPIED BY				DEADBOLT				VISIBLE TO NEIGHBORS				SPRINKLER				SWIMMING POOL				STORM SHUTTERS															
<input type="checkbox"/> WITHIN CITY LIMITS				<input type="checkbox"/> WITHIN PROT SUBURB				OWNER				SMOKE DETECTOR				HOUSEKEEPING CONDITION				PARTIAL				APPROVED FENCE				ABOVE GROUND				YES							
<input type="checkbox"/> WITHIN FIRE DIST				TENANT				FIRE EXTINGUISHER				FULL				NON-APPR FENCE				DIVING BD				NO															
BLDG CODE GRADE				TAX CODE				WIND CLASS				RESISTIVE				SEMI-RESISTIVE				OTHER				FOUNDATION				OPEN				CLOSED				NONE			

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15)	YES	NO
1. ANY BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES?		
2. ANY FULL TIME RESIDENCE EMPLOYEES? (Number of employees)			12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		
3. ANY FLOODING, BRUSH HAZARD, LANDSLIDE, ETC?			13. IS BUILDING RETROFITTED FOR EARTHQUAKE (if applicable)?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			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.)		
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			15. RENTERS AND CONDOS ONLY:	IS THERE A MANAGER IN THE PREMISES?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				IS THERE A SECURITY ATTENDANT?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO				IS THE BUILDING ENTRANCE LOCKED?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?					
9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?					
10. IS PROPERTY LOCATED WITHIN TWO MILES OF A COAST?					

