

ACORD™ DWELLING FIRE 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)

APPLICANT INFORMATION

APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME	YRS IN CURR OCC	YRS EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME	YRS IN CURR OCC	YRS EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #

COVERAGES/LIMITS OF LIABILITY

A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. RENTAL VALUE	E. ADDITIONAL EXPENSE	F. PERSONAL LIABILITY	G. MEDICAL PAYMENTS	DEDUCTIBLE	
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	ALL PERIL	\$ _____
							WIND/MAIL	\$ _____
							THEFT	\$ _____
						EST TOTAL PREMIUM	DEPOSIT	BALANCE
						\$ _____	\$ _____	\$ _____

ENDORSEMENTS (Enter names and limits)	
	PAYOR <input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGEE

RATING/UNDERWRITING

FRAME	ALUMINUM SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE			USAGE TYPE	FARM	# FAMILIES	# WKS RENTED	PURCHASE DATE
MASONRY	PLASTIC SIDING			\$ _____	<input type="checkbox"/> DWELLING	<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> COC				
MASONRY VENEER	SUPERIOR	SQ FT	# APTS	REPLACEMENT COST	<input type="checkbox"/> APART	<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> UNOCC				
OTHER:				\$ _____	<input type="checkbox"/> CONDO	<input type="checkbox"/> CO-OP	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> VACANT				
NUMBER OF FIRE DIVS	TERR CODE	FIRE PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT		PROTECTION DEVICE TYPE		HEAT TYPE		RENOVATION TYPE		
UNITS IN FIRE DIV				FT	MILE	SYSTEM	FIRE SMOKE	PRIMARY:	WIRING	PART	FULL	
						CENTRAL		SECONDARY:	PLUMBING			
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER			DIRECT				ROOF TYPE	HEATING			
				LOCAL					ROOFING			
DWELLING LOCATION			OCUPIED 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	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> YES			
<input type="checkbox"/> WITHIN FIRE DIST		TENANT		FIRE EXTINGUISHER		<input type="checkbox"/> FULL	<input type="checkbox"/> NON-APPR FENCE	<input type="checkbox"/> DIVING BD	<input type="checkbox"/> NO			
BLDG CODE GRADE	TAX CODE	RATING CLASS	WIND CLASS			EC PREM GROUP	PERS LIAB TERR CODE	FOUNDATION				
		<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER					<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> NONE				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 16)	YES	NO
1. ANY BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			10. IS PROPERTY LOCATED WITHIN TWO MILES OF A COAST?		
2. IS DWELLING LOCATED ON HILLSIDE OR SLOPE?			11. ANY FLOODING, BRUSH HAZARD, LANDSLIDE, ETC?		
3. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN PRIVATE RESIDENCE AND THEN CONVERTED?			12. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES?		
4. ANY OTHER STRUCTURE BEING INSURED?			13. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		
5. IS DWELLING NEAR COMMERCIAL EXPOSURE?			14. IS BUILDING RETROFITTED FOR EARTHQUAKE (if applicable)?		
6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			15. 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.)		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO			16. RENTERS AND CONDOS ONLY:	IS THERE A MANAGER IN THE PREMISES?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				IS THERE A SECURITY ATTENDANT?	
9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?				IS THE BUILDING ENTRANCE LOCKED?	

LOSS HISTORY

ANY LOSSES DURING THE LAST 3 YEARS? YES NO IF YES, INDICATE BELOW

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT

OTHER STRUCTURES

DESCRIPTION	LIMIT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	RISK NEW TO AGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
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ADDITIONAL INTEREST

INT #	MORTGGE	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		
INT #	MORTGGE	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REPLACEMENT COST INFORMATION

EVALUATION METHOD:

# STORIES	GROUND FLOOR AREA SQ FT	EXTERIOR WALL MATERIAL	CONSTRUCTION CLASS/TYPE	RESIDENCE CONDITION	AIR CONDITIONING <input type="checkbox"/> HEAT DUCTS <input type="checkbox"/> SEP DUCTS OTHER: \$
ROOF TYPE	\$	BREEZEWAY <input type="checkbox"/> OPEN <input type="checkbox"/> ENCLOSED SQ FT \$	FIREPLACE <input type="checkbox"/> CHIM-NEYS <input type="checkbox"/> HEARTH <input type="checkbox"/> PREFAB FIREPLACE \$	ADDITION TYPE	\$
FINISHED ATTIC SQ FT \$		PORCH TYPE <input type="checkbox"/> OPEN <input type="checkbox"/> ENCLOSED SQ FT \$	BALCONY/DECK SQ FT \$	TOTAL BUILT-INS VALUE	\$
BASEMENT <input type="checkbox"/> CRAWL <input type="checkbox"/> SLAB <input type="checkbox"/> FULL SQ FT \$		SCREEN PATIO ENCLOSURE FOUNDATION: SQ FT \$	EXTRA BATHS <input type="checkbox"/> HALF <input type="checkbox"/> FULL \$	LAND IMPROVEMENTS	\$
BASEMENT REC ROOM <input type="checkbox"/> FINISHED <input type="checkbox"/> WALK-OUT SQ FT \$		GARAGE TYPE	# AUTOS: \$	OTHER	\$

REMARKS

ATTACHMENTS

FOR COMPANY USE ONLY	REPLACEMENT COST ESTIMATE
	PHOTOGRAPH
	WOODBURNING STOVE QUESTIONNAIRE
	PROTECTION DEVICE CERTIFICATE

BINDER/SIGNATURE

INSURANCE BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE 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.
EXPIRATION DATE	
TIME	
	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.
COVERAGE IS NOT BOUND	

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU 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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE; AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. (Kansas: This does not constitute a warranty.)

HOW LONG HAVE YOU KNOWN THE APPLICANT?	DATE AGENT LAST INSPECTED PROPERTY:	
APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE