

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%; text-align: center;">NAIC CODE</td> <td style="border: none; width:15%; text-align: center;">FACILITY CODE</td> </tr> <tr> <td colspan="3" style="border: none; text-align: center;">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> <td style="border: none; width:10%; text-align: center;">DAY</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; text-align: center;">EVE</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">BUSINESS PHONE #</td> <td style="border: none;"></td> <td style="border: none; text-align: center;">DAY</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; text-align: center;">EVE</td> </tr> </table>		NAIC CODE	FACILITY CODE	POLICY #			YRS AT THIS RES	CO/PLAN	HOME PHONE #		DAY					EVE			BUSINESS PHONE #		DAY					EVE
	NAIC CODE	FACILITY CODE																									
POLICY #																											
YRS AT THIS RES	CO/PLAN	HOME PHONE #		DAY																							
				EVE																							
		BUSINESS PHONE #		DAY																							
				EVE																							

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	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	<table style="width:100%; border: none;"> <tr> <td style="border: none; width:10%;">YEARS IN CURR OCC</td> <td style="border: none; width:10%;">YEARS W/ CURR EMPL</td> <td style="border: none; width:10%;">YEARS W/ PRIOR EMPL</td> <td style="border: none; width:10%;">MAR STAT</td> <td style="border: none; width:20%;">DATE OF BIRTH</td> <td style="border: none; width:30%;">SOCIAL SECURITY #</td> </tr> </table>	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS 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	<table style="width:100%; border: none;"> <tr> <td style="border: none; width:10%;">YEARS IN CURR OCC</td> <td style="border: none; width:10%;">YEARS W/ CURR EMPL</td> <td style="border: none; width:10%;">YEARS W/ PRIOR EMPL</td> <td style="border: none; width:10%;">MAR STAT</td> <td style="border: none; width:20%;">DATE OF BIRTH</td> <td style="border: none; width:30%;">SOCIAL SECURITY #</td> </tr> </table>	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS 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					
DED:	ALL PERIL	NAMED HURRICANE		\$	\$
	WINDSTORM & HAIL	EARTHQUAKE		\$	\$
	THEFT			\$	\$
TOTAL PREMIUM FOR BASIC COVERAGES			TOTAL PREMIUM FOR OPTIONAL ENDORSEMENTS		
ESTIMATED TOTAL PREMIUM \$			DEPOSIT PREMIUM ENCLOSED WITH APPLICATION \$		

PAYMENT PLAN

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

RATING/UNDERWRITING

FRAME	PLASTIC SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE	
MASONRY	ASBESTOS SIDING			\$	DWELLING	PRIMARY				
MASONRY VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY				
ALUMINUM SIDING				\$	CONDO	SEASONAL				
						VACANT				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT		PROTECTION DEVICE TYPE		HEAT TYPE	NONE	WIRING
				FT	MI	SYSTEM	FIRE	TEMP	BURGLAR	PRIMARY:
						CENTRAL				SECONDARY:
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER			DIRECT		OIL STORAGE TANK LOCATION				
				LOCAL		ROOFING				
						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"/> SMOKE DETECTOR	<input type="checkbox"/> HOUSEKEEPING CONDITION	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ABOVE GROUND
<input type="checkbox"/> WITHIN FIRE DIST				<input type="checkbox"/> FIRE EXTINGUISHER		<input type="checkbox"/> FULL	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> IN-GROUND
BLDG CODE GRADE	TAX CODE	RATING CLASS	SPEC	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> OTHER		<input type="checkbox"/> OPEN	<input type="checkbox"/> CLOSED <input type="checkbox"/> NONE
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 # <input type="checkbox"/>	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/>	ADDL INT		
INT # <input type="checkbox"/>	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/>	ADDL INT		

REMARKS

ATTACHMENTS

FOR COMPANY USE ONLY	INLAND MARINE APPLICATION	RECREATIONAL VEHICLE APP
	REPLACEMENT COST ESTIMATE	WATERCRAFT APPLICATION
	PHOTOGRAPH	
	WOODBURNING STOVE QUESTIONNAIRE	
	EARTHQUAKE APPLICATION	
	PROTECTION DEVICE CERTIFICATE	
	PERS EXCESS/UMBRELLA APP	

BINDER/SIGNATURE

INSURANCE BINDER		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.
EFFECTIVE DATE	EXPIRATION DATE	
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
-----------------------	------	----------------------