

ACORD™ HOMEOWNER APPLICATION

DATE (MM/DD/YY)

PRODUCER CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID _____	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">NAIC CODE</td> <td style="width:40%;">FACILITY CODE</td> </tr> <tr> <td colspan="2">POLICY #</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">CO/PLAN</td> <td style="width:30%;">HOME PHONE #</td> <td style="width:10%;">DAY</td> <td style="width:10%;">EVE</td> <td style="width:10%;"></td> </tr> <tr> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> <td colspan="3">BUSINESS PHONE #</td> </tr> <tr> <td></td> <td></td> <td>DAY</td> <td>EVE</td> <td></td> </tr> </table>	NAIC CODE	FACILITY CODE	POLICY #		CO/PLAN	HOME PHONE #	DAY	EVE		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #					DAY	EVE	
NAIC CODE	FACILITY CODE																			
POLICY #																				
CO/PLAN	HOME PHONE #	DAY	EVE																	
EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #																		
		DAY	EVE																	

PREVIOUS ADDRESS (If less than 3 years)	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)
	YRS AT PREV ADDR

APPLICANT INFORMATION							
APPLICANT'S OCCUPATION <small>(State nature of business if self-employed)</small>	APPLICANT'S EMPLOYER NAME	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR 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	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #

COVERAGES/LIMITS OF LIABILITY							DED (Type & Amount)			
HO FORM	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	ALL PERIL	WIND/HAIL	THEFT	NAMED HURRICANE
	\$	\$	\$	\$	\$	\$				

ENDORSEMENTS		PREMIUM		
<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	EST TOTAL PREMIUM	DEPOSIT	BALANCE
ENTER OTHER ENDORSEMENT(S)		\$	\$	\$
		BILLING	IF DIRECT BILL	
		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> IF "BILL APPLICANT", PAY PLAN
		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	

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

LOSS HISTORY				ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?		IF YES, INDICATE BELOW		APPLICANT'S INITIALS:	
DATE	TYPE	DESCRIPTION OF LOSS	YES	NO					AMOUNT

PRIOR COVERAGE			
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INTEREST			
INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		
INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

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)			12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		
2. ANY FULL TIME RESIDENCE EMPLOYEES? (Number of employees)			13. IS BUILDING RETROFITTED FOR EARTHQUAKE (if applicable)?		
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			14. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In FL, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			15. IS THERE A MANAGER IN THE PREMISES?		
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			16. IS THERE A SECURITY ATTENDANT?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			17. IS THE BUILDING ENTRANCE LOCKED?		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO			18. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?			19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION?		
9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?			20. IS HOUSE FOR SALE?		
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?			21. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES?					

REPLACEMENT COST INFORMATION

EVALUATION METHOD:

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

REMARKS

ATTACHMENTS

	INLAND MARINE APPLICATION
	REPLACEMENT COST ESTIMATE
	PHOTOGRAPH
	WOODBURNING STOVE QUESTIONNAIRE
	EARTHQUAKE APPLICATION
	PROTECTION DEVICE CERTIFICATE
FOR COMPANY USE ONLY	

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. 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.
EXPIRATION DATE	
TIME	
COVERAGE IS NOT BOUND	
12:01 AM	
NOON	
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.	
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 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.	
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.	
HOW LONG HAVE YOU KNOWN THE APPLICANT?	DATE AGENT LAST INSPECTED PROPERTY:
APPLICANT'S SIGNATURE	DATE (MM/DD/YY)
	PRODUCER'S SIGNATURE