



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

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

STATUS OF TRANSACTION

<input type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE	TIME	<input type="checkbox"/> AM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW			<input type="checkbox"/> 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)	PRIMARY E-MAIL ADDRESS:		
* This field may not be utilized for policyholders applying for residential property insurance in CA.					
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 <input type="checkbox"/>
APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER:	DATE AT CURRENT RESIDENCE:		
CO-APPLICANT'S NAME (First, Middle, Last)		APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)	YEARS IN CURRENT OCCUPATION:		
CO-APPLICANT'S ADDRESS		YEARS WITH PREVIOUS EMPLOYER:			
* This field may not be utilized for policyholders applying for residential property insurance in CA.		CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant			
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	PRIMARY E-MAIL ADDRESS:			
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER:	SECONDARY E-MAIL ADDRESS:		
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER:	CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
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
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PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

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

RATING / UNDERWRITING LOC #:

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO			
MASONRY VENEER			BUILDERS RISK		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD		<input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG				FIRE HYDRANT FT			
FRAME			RENOVATION				SYSTEM SMOKE TEMP BURG				FIRE STATION MI			
MASONRY			RECONSTRUCTION				CENTRAL				# FIRE DIVISIONS			
							DIRECT				# UNITS FIRE DIV			
							LOCAL							
SIDING		%	OCCUPANCY		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD		<input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG				DOOR LOCK DEADBOLT SPRING			
ALUMINUM SIDING			OWNER				ANY KNOWN LEAKS? (Y/N)				SPRINKLER PARTIAL FULL			
STUCCO			TENANT								PROT CLASS FIRE EXTINGUISHER			
VINYL SIDING / PLASTIC			UNOCCUPIED								TERRITORY			
CEDAR, WOOD, SHINGLE			VACANT								FIRE DISTRICT NAME FIRE DIST CODE			
EIFSCB (on cinder block)			RESIDENCE TYPE		ROOF CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD		ROOF MATERIAL				PRIMARY HEAT NONE			
EIFSS (on studs)			DWELLING				DISTANCE TO TIDAL WATER <input type="checkbox"/> Miles <input type="checkbox"/> Feet				SECONDARY HEAT NONE			
			APARTMENT				PURCHASE PRICE \$				DATE HEATING SYSTEM LAST SERVICED:			
YEAR EIFS INSTALLED:			CONDOMINIUM				PURCHASE DATE				WIRING COPPER ALUMINUM KNOB & TUBE			
USAGE TYPE			TOWNHOUSE				SECURITY <input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS <input type="checkbox"/> OCCUPIED DAILY				ELECTRICAL SYSTEMS <input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES NUMBER OF AMPS			
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		<input type="checkbox"/> SEASONAL <input type="checkbox"/> FARM	ROWHOUSE								LAST INSPECTED DATE			
			CO-OP											
YEAR BUILT		# ROOMS	# FAMILIES	RATING CREDITS		DWELLING LOCATION		RATING		RENOVATIONS		PART	COMP	YEAR
				<input type="checkbox"/> NON-SMOKER <input type="checkbox"/> MANNED SECURITY <input type="checkbox"/> LIGHTNING PROTECTION <input type="checkbox"/> OFF PREMISE THEFT EXCL		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> IN FIRE DISTRICT <input type="checkbox"/> IN PROT SUBURB		<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC <input type="checkbox"/> FOUNDATION <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		WIRING PLUMBING HEATING ROOFING				
MARKET VALUE		# APARTMENTS	# HOUSEHOLD RESIDENTS							EXTERIOR PAINT				
\$														
REPLACEMENT COST		# WEEKS RENTED	TAX CODE											
\$														
TOTAL LIVING AREA		BLDG CODE GRADE												
SQ FT														
BASEMENT AREA		INSPECTED (Y/N):												
SQ FT														
GARAGE AREA		FIREPLACES (Enter # or 0 for none)												
SQ FT														
BREEZEWAY AREA		CHIMNEYS												
SQ FT														
		HEARTHES												
		PRE-FAB												
		WOOD STOVE INSERT												

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE ☐ **NO PRIOR COVERAGE** ☐

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION? Y / N ☐ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

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			\$																																																																														
	LOC #:	TERR:		\$		LIMIT	CONST MATERIAL:																																																																																
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	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) :																																																																																
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		OT. STRUCTS	TERR:		\$																																																																														
	TERR:					STRUCT TYPE:																																																																																	
						BUS/STRUCT DESC:																																																																																	
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/>	INCLUDED	\$ LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT			\$																																																																														
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/>	INCLUDED	\$ LIMIT	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/>	INCLUDED	\$ LIMIT	\$																																																																														
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$ INCR	\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/>	INCLUDED	\$ LIMIT	\$																																																																														
BUS PROP AT HOME	<input type="checkbox"/>	INCLUDED	\$ LIMIT	\$	SINK HOLE COLLAPSE	<input type="checkbox"/>	INCLUDED	\$	\$																																																																														
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/>	INCLUDED	\$ LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/>	INCLUDED	\$ LIMIT	\$																																																																														
DEBRIS REMOVAL	<input type="checkbox"/>	INCLUDED	\$ LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	\$ INCR	\$																																																																														
EARTHQUAKE	% DED		TERR:		WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/>	INCLUDED	\$ LIMIT	\$																																																																														
	\$ DED		RETROFIT TYPE:	\$	WATERCRAFT LIABILITY	\$ LIMIT			\$																																																																														
			MAS VENEER: %		WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT			\$																																																																														
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$	WINDSTORM EXCL	<input type="checkbox"/>	YES (Not applicable in Arkansas)	\$	\$																																																																														
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/>	INC \$ DED	\$ LIMIT	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)																																																																																	
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/>	INCLUDED		\$		# OF EMPLOYEES:			\$																																																																														
FLOOD	\$	BLDG	\$ CONTENTS	\$	<table border="1"> <thead> <tr> <th>COVERAGE TYPE</th><th>OPTS</th><th>LIMIT</th><th>APPL TO</th><th>DEDUCTIBLE</th><th>PREMIUM</th></tr> </thead> <tbody> <tr> <td>CODE</td><td></td><td>\$</td><td></td><td>\$</td><td></td></tr> <tr> <td>DESCRIPTION</td><td></td><td>\$</td><td></td><td>TYPE:</td><td>\$</td></tr> <tr> <td></td><td></td><td>TERR:</td><td></td><td>Y / N:</td><td></td></tr> <tr> <td>CODE</td><td></td><td>\$</td><td></td><td>\$</td><td></td></tr> <tr> <td>DESCRIPTION</td><td></td><td>\$</td><td></td><td>TYPE:</td><td>\$</td></tr> <tr> <td></td><td></td><td>TERR:</td><td></td><td>Y / N:</td><td></td></tr> <tr> <td>CODE</td><td></td><td>\$</td><td></td><td>\$</td><td></td></tr> <tr> <td>DESCRIPTION</td><td></td><td>\$</td><td></td><td>TYPE:</td><td>\$</td></tr> <tr> <td></td><td></td><td>TERR:</td><td></td><td>Y / N:</td><td></td></tr> <tr> <td>CODE</td><td></td><td>\$</td><td></td><td>\$</td><td></td></tr> <tr> <td>DESCRIPTION</td><td></td><td>\$</td><td></td><td>TYPE:</td><td>\$</td></tr> <tr> <td></td><td></td><td>TERR:</td><td></td><td>Y / N:</td><td></td></tr> </tbody> </table>					COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM	CODE		\$		\$		DESCRIPTION		\$		TYPE:	\$			TERR:		Y / N:		CODE		\$		\$		DESCRIPTION		\$		TYPE:	\$			TERR:		Y / N:		CODE		\$		\$		DESCRIPTION		\$		TYPE:	\$			TERR:		Y / N:		CODE		\$		\$		DESCRIPTION		\$		TYPE:	\$			TERR:		Y / N:	
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FUNGUS AND MOLD	<input type="checkbox"/>	EXCL LIABILITY	\$ PROPERTY	\$																																																																																			
	<input type="checkbox"/>	EXCL PROP DAMAGE	\$ LIABILITY	\$																																																																																			
GOLF CARTS - LIABILITY	<input type="checkbox"/>	INCLUDED	# GOLF CARTS:	\$																																																																																			
	DESCRIPTION:																																																																																						
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT	\$	\$																																																																																			
IDENTITY FRAUD EXP	<input type="checkbox"/>	INCLUDED	\$ LIMIT	\$																																																																																			
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>			\$																																																																																			
INCR COV C SPECIAL LIAB LIMIT																																																																																							
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$ INCR	\$																																																																																			
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$ INCR	\$																																																																																			
GUNS	\$	TOTAL	\$ INCR	\$																																																																																			
MONEY	\$	TOTAL	\$ INCR	\$																																																																																			
SECURITIES	\$	TOTAL	\$ INCR	\$																																																																																			
SILVERWARE	\$	TOTAL	\$ INCR	\$																																																																																			

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></tr> </thead> <tbody> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </tbody> </table>	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)

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

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE										Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____						
		<input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/>							
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?										
ANIMAL TYPE		BREED		BITE HISTORY (Y/N)		ANIMAL TYPE		BREED		BITE HISTORY (Y/N)
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?										
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED		OCC DURING REN	COST OF PROJECT
		%	%	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 #:

EXPLAIN ALL "NO" RESPONSES		Y / N
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?		

AGENCY CUSTOMER ID: _____

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		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. <u>APPLICABLE IN ARIZONA:</u> BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; <u>APPLICABLE IN COLORADO:</u> THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY; <u>APPLICABLE IN MARYLAND:</u> THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; <u>APPLICABLE IN MICHIGAN:</u> THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED.	
EFFECTIVE DATE	EXPIRATION DATE		
TIME	12:01 AM		
	NOON		
COVERAGE IS NOT BOUND			
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): _____ <u>IMPORTANT:</u> <u>ARIZONA</u> residents should be given ACORD 38 AZ, Privacy Notification; In <u>MASSACHUSETTS</u> , credit scoring information may be used to determine your eligibility for insurance, and not for rating purposes; <u>MINNESOTA</u> residents should submit ACORD 38 MN to authorize release of personal information; Credit scoring cannot be used in <u>OREGON</u> for renewals unless requested by the insured.			
<input type="checkbox"/> 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)	
APPLICANT'S SIGNATURE		DATE	
		STATE PRODUCER LICENSE NO (Required in Florida)	
		NATIONAL PRODUCER NUMBER	