



Personal Lines 1-4 Family Dwelling Product Application – All States You can obtain a quote by providing the information in Section I - Instant Quote below, subject to the remainder provided prior to binding.

	NT QUOTE INFO Quote is only availa		s with no losses in the	past 3 years. If ther	e is loss history, pl	ease complete the	entire application.		
Applica	ant's Name:								
	of Business:			Partnership	☐ LLC	☐ Other			
Locatio	on Address:						□ Same as ma	ailing ac	ldress
_	otion of Operation					·			
Descril If Parta If any l	oe occupancy: ally Vacant, total portion is vacant	☐ 100% 0 # of units vaca when will the	t this location? Occupied	oplicable sq. ft space?					
			s adjacent to this exommercial tenants?						
Are the Are the Proper	ere any student re ere any subsidize ty Section (Not a	esidents at any d residents at vailable in CA ☐ Frame	ommercial tenants? I location? (not app any location? (not a CT, DC, ME, MA, I D Joisted Masor	licable in DC) applicable in CA, C NJ, OR, UT, VT or \	T, DC, ME, MA, N	NJ, OR, UT, VT	or WI)		□ No
	Requested Cover Deductible: Building Limit \$_ What year was the What is the squa	rage form: ne building cor re footage of t	□ DP-1 Basic & □ \$1,000 □ \$2 structed? he entire structure?	,500 \$ 5,000	□ DP-3 Speci	ial & Replaceme	nt Cost		
Liability	y Section Limit: Number of Storie	□ \$100, es:	000	\$300,000		000	□ \$1,000,000)	
II. LOSS I	Are any units Ow NFORMATION F	oner Occupied FOR THE PAS	? □ Yes □ T 3 YEARS	l No					
Year	y Coverages Status Open/Close Open/Close Open/Close	Incu ed \$ed ed \$e							
Liability Year	Coverages Status Open/Close Open/Close	Incu	or provide detail be rred						
If you o Age of Roof Ty	Open/Close IONAL PROPER wn the building a roofyr /pe: ☐ Flat	ed \$ LTY INFORMA and it is older t s. Wood S	TION han 20 years old, p	lease complete the	following:	Slate 🔲 (Other		
	ng Type:❑ PVC rpe of burglar ala	☐ Copper rm is on the p	☐ Lead remises? ☐ Centra			Other			

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IV. ELIGIBILITY CRITERIA 1. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers ■ N/A ☐ True ☐ False 2. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring ☐ True ☐ False □ N/A 3. Functioning and operational smoke detectors in all units and/or occupancies ☐ True ☐ False 4. No bankruptcies, tax or credit liens against the applicant in the last 5 years ☐ True ☐ False 5. No boarding or rooming houses ☐ True ☐ False 6. No owner-occupied 1 family locations ☐ True ☐ False 7. No locations in which wood-burning stoves, space heaters or temporary heating devices are used or permitted for use ☐ True ☐ False 8. Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri) ☐ True ☐ False If False, advise reason **Property** 1. No location is a mobile home ☐ True ☐ False **General Liability** 1. Applicant re-keys or will re-key all locks prior to leasing to new tenants (not applicable if rented on seasonal/timeshare basis) □ N/A ☐ True ☐ False 2. No Assisted Living or Group Home facilities ☐ True ☐ False ☐ True ☐ False 3. No locations with swimming pools V. Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee) Relationship/Interest City, State, Zip ΑI LP Μ VI. ADDITIONAL APPLICANT INFORMATION _____ (if different than the location address above) Applicant's Mailing Address:_____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Phone:

_____ State: ____

Inspection Contact Name: ______ Telephone/Email Address: _____

Email Address of primary contact:

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Zip: _____

City:

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature:	Title:	Date:							
If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.									
Retail Agency Name:	Lic	cense #:							
Main Agency Phone Number:									
Agency Mailing Address:									
City:		n Code:							