

HOMEOWNER'S UNDERWRITING GUIDELINES

- Minimum deductible is \$1,000 all peril
- Deadbolt locks are required on all exterior doors
- Smoke Detectors are required on all levels
- There must be a fire extinguisher in the dwelling

Application Completion

- Homeowners applications can be bound a maximum of 12 months from the effective date.
- A signature is required on all new applications

Fire Protection

- The property must be located within 5 miles of primary fire protection.
- Must clear "Brush Check" in brush areas. 150 feet of brush clearance is required.

Dwelling/Adjacent Exposures

- Dwellings with wood shake roofs are not eligible
- Home must be built on a solid foundation (i.e. homes partially or fully supported by piers, stilts or posts, etc. are unacceptable).
- Dwellings with unfenced pools or other attractive nuisances are ineligible.
- Risks with adjacent exposures that present unacceptable hazards (such as gas stations, salvage yards, abandoned buildings) are ineligible.

Animal Exposure

Households with any of the following are ineligible: Hazardous animal exposure, i.e. animals generally found in the wild or in a zoo, or any vicious animals including:

- Pit Bull Terriers
- Doberman Pinschers
- Rotweillers
- Wolf-Dog Hybrids
- Rhodesian Ridgebacks
- Or any animal with a biting history.

No more than two horses, cows, etc. can be kept on the insured premises.

Ineligible Structures

- Camper Trailers
- Occupancy in conjunction with business or commercial exposures
- Dwellings with wood shake roofs
- Risks with invalid addresses that are unable to be located
- Dwellings built prior to 1930 are ineligible (regardless of renovation)
- Dwellings listed on the National Registry of Historic Homes or the National Register of Historic Places

ACORD HOMEOWNER APPLICATION

DATE

PRODUCER CODE: AGENCY CUSTOMER ID 00004422	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <table style="width:100%; border: none;"> <tr> <td style="border: none;">NAIC CODE</td> <td style="border: none;">FACILITY CODE</td> </tr> <tr> <td colspan="2" style="border: none;">POLICY #</td> </tr> <tr> <td colspan="2" style="border: none;">TEST</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="border: none;">YRS AT THIS RES</td> <td style="border: none;">CO/PLAN</td> <td style="border: none;">HOME PHONE #</td> <td style="border: none;">DAY</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">EVE</td> </tr> <tr> <td style="border: none;">EFFECTIVE DATE</td> <td style="border: none;">EXPIRATION DATE</td> <td style="border: none;">BUSINESS PHONE #</td> <td style="border: none;">DAY</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">EVE</td> </tr> </table>	NAIC CODE	FACILITY CODE	POLICY #		TEST		YRS AT THIS RES	CO/PLAN	HOME PHONE #	DAY				EVE	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	DAY				EVE
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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;">YEARS IN CURR OCC</td> <td style="border: none;">YEARS W/ CURR EMPL</td> <td style="border: none;">YEARS W/ PRIOR EMPL</td> <td style="border: none;">MAR STAT</td> <td style="border: none;">DATE OF BIRTH</td> <td style="border: none;">SOCIAL SECURITY #</td> </tr> </table>	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
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HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:						

COVERAGES/LIMITS OF LIABILITY

DED (Type & Amount)

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL
	\$	\$	\$	\$	\$	\$	
							WIND/HAIL
							THEFT
							NAMED HURRICANE *

ENDORSEMENTS

PREMIUM

* Not Applicable in NC

<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS		EST TOTAL PREMIUM
ENTER OTHER ENDORSEMENT(S)			\$
			DEPOSIT
			\$
			BALANCE
			\$

PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:		MAIL POLICY TO:
BILLING	IF DIRECT BILL: <input checked="" type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER: <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER:
	IF APPLICANT BILL: <input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER:	

RATING/UNDERWRITING

FRAME	PLASTIC SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	ASBESTOS SIDING			\$	DWELLING	PRIMARY	COC			
MASONRY VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	UNOCC			
ALUMINUM SIDING				\$	CONDO	SEASONAL	VACANT			
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	
UNITS IN FIRE DIV				FT	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	WIRING
				MI	CENTRAL				SECONDARY:	PLUMBING
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER			DIRECT	OIL STORAGE TANK LOCATION					HEATING
				LOCAL						ROOFING
DWELLING LOCATION		OCCUPIED BY		DEADBOLT	VISIBLE TO NEIGHBORS		SPRINKLER	SWIMMING POOL	YES	NO
WITHIN CITY LIMITS	WITHIN PROT SUBURB	OWNER	TENANT	FIRE EXTINGUISHER	HOUSEKEEPING CONDITION		PARTIAL	APPROVED FENCE	ABOVE GROUND	STORM SHUTTERS
WITHIN FIRE DIST							FULL	DIVING BOARD	IN-GROUND	YES
BLDG CODE GRADE	INSPECTED? YES NO	TAX CODE	RATING CLASS SPEC	OCCUPIED DAILY? YES NO	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION	CLOSED
						RESISTIVE	OTHER		OPEN	NONE
IF REPLACEMENT COST APPLIES:		ACORD	40	41	42	ATTACHED BREEZEWAY	NON-SMOKER	MANNED SECURITY OFF PREMISES THEFT EXCL	CHIMNEYS	PRE-FAB
BASEMENT SQ FT		GARAGE SQ FT					LIGHTNING PROTECTION	OTHER:	HEARTHES	

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 FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)				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.)			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)				RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?		
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?					16. IS THERE A SECURITY ATTENDANT?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					17. IS THE BUILDING ENTRANCE LOCKED?		
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO				20. IS HOUSE FOR SALE?			
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			
9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? (Note breed and bite history)				22. IS THERE A TRAMPOLINE ON THE PREMISES?			
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?			
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				24. ANY LEAD PAINT HAZARD?			
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)			
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (IF APPLICABLE)							

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 #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	<input type="checkbox"/> MORTG'G <input type="checkbox"/> ADDL INT		
	<input type="checkbox"/> MORTG'G <input type="checkbox"/> ADDL INT		

REMARKS	ATTACHMENTS	
	<input type="checkbox"/>	INLAND MARINE APPLICATION
	<input type="checkbox"/>	PERS EXCESS/UMBRELLA APP
	<input type="checkbox"/>	REPLACEMENT COST ESTIMATE
	<input type="checkbox"/>	RECREATIONAL VEHICLE APP
	<input type="checkbox"/>	PHOTOGRAPH
	<input type="checkbox"/>	WATERCRAFT APPLICATION
FOR COMPANY USE ONLY	<input type="checkbox"/>	SOLID FUEL SUPPLEMENT
	<input type="checkbox"/>	LEAD FREE PAINT CERTIFICATION
	<input type="checkbox"/>	EARTHQUAKE APPLICATION
	<input type="checkbox"/>	HOME BASED BUSINESS SUPP
	<input type="checkbox"/>	PROTECTION DEVICE CERTIFICATE

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 CO, HI, NE, OH, OK, OR; In ME, and VA, Insurance benefits may also be denied)

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	
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