ACORD, DWELLING FIRE A										APPLICATION											DATE (MM/DD/YYYY)					
PRODUCER PHONE (A/C, No, Ext): FAX								APPLICAN	CODE			ILITY	CODE													
[A/Ĉ, No):									NA.											IIC CODE F						
										POLI											LICY#					
CODE: SUBCODE:								DATE AT CURR RES CO/PLAN HOME PHO									HONE#	DAY EVE								
AGENCY CUSTOMER ID							EFFEC	EFFECTIVE DATE EXPIRATION DATE BUSINESS PHONE #							D					DAY						
APP	LICA	ANT II	NFOR	MATIO	٧																	[	VE			
PREV	IOUS A	ADDRE	SS (If les	s than 3 ye	ars)					YRS AT PREV ADDR	LOCATIO	N OF PRO	PERTY	IF DIFF F	ROM AB	OVE (In	IC COI	unty & Z	P)							
APPLICANT'S OCCUPATION (State nature of business if self-employed)  APPLICANT'S EMPLOYER NA											YEARS IN CURR OCC			RS W/ R EMPL ST	MAR DAT		TE OF BI	RTH	SOCIAL SECURITY			<b>(</b> #				
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)  CO-APPLICANT'S EMPLOYER								R NAME AND ADDRESS			YEARS IN CURR OCC				AR FAT	DA	TE OF BI	RTH	SOCIAL SECURITY#							
HOW	/LON	G HA\	/E YOL	KNOWN	THE A	PPLIC	CANT?				DATE A	GENT LA	AST IN	SPECT	ED PRO	PERT	Y:									
COVERAGES/LIMITS OF LIABILITY																			DED	(Type	& An	oun	t)			
FORM DWELL				ING			HER TURES		ONAL PERTY		RENTAL VALUE		PERS LIAE			MEDICAL PAYMENT		ITS	Д	LL PERIL						
										\$			EACH OCCUP		NCE	EACH PER		RSON	WIND/HAIL							
										ADDITIO	ITIONAL EXPENSE									HEFT	$\rightarrow$					
		\$			\$	\$				\$						\$			į.	IAMED IURRICA	NE *					
	FIRE			FIRE & EC			C FIF		RE, EC & VMM			BROAD			SPEC	PECIAL			* Not Applicable in				;			
END	ORS	SEME	NTS	-														PREM	PREMIUM							
																			EST	TOTAL P	REMIU	и				
																		\$	DEPOSIT							
																		\$	BALANCE							
PAY	MEN	IT PL	an [	1	ACO	RD 6	10 Attach	ed (NOT A	PPLICAI	BLE IN N	IC)							\$								
PAYMENT PLAN ACORD 610 Attached (NOT A																MA	MAIL POLICY TO:									
BILLING IF DIRECT BILL:						IF APPLICANT BILL:									AGENT											
DIRECT BILL				BILL	APPLIC <i>A</i>	NT	ОТН	ER:	FULL			PAY				APF				PLICANT						
	AGENCY BILL BILL MORTGAGEE							OTHER:									OTHER:									
ДΛΤ				UTINIO																						
	INIC/	חואוו	EDW/								UCTURE TYPE			USAGE TYPE		FΔ			# FAM-	#	PURCHASE					
			ERWF	ASTIC	YR BI	JILT	#ROOMS	MARKET V	ALUE S	TRUCTUR	E TYPE			USAGE .	TYPE		FΔF	PM I			DA	TE/PR	CE			
	FRAM	E	PL/ SID AS	ASTIC DING BESTOS	YR BI	JILT	#ROOMS		ALUE S			TOWNH	-				FAR	CIVI		HSEHLD RES	l					
	FRAMI MASO MASO	E NRY NRY	PL/ SIE AS SIE	ASTIC DING BESTOS DING	YR BI		#ROOMS #APTS	MARKET V \$ REPLACEME		DWELL	ING	TOWNH	OUSE	PRI	MARY		cod	C								
	FRAMI MASO MASO VENERALUMI	E NRY NRY ER INUM	PL/ SIE AS SIE	ASTIC DING BESTOS				\$			ING	TOWNH ROWHO	OUSE	PRI SEC		Y	COC	DCC	ILIES		PE PAF	т сомг	YEAR			
	FRAMI MASO MASO VENER	E NRY NRY ER INUM	PL SIE AS SIE FIR	ASTIC VING BESTOS VING E RES	SQ PR	FT	# APTS	\$ REPLACEME	NT COST	DWELL	ING	ROWHO	OUSE	PRI SEC	MARY		COC	DCC CANT	ILIES	RES ATION TY	PE PAR	COMF	YEAR			
NU	FRAMI MASO WENEE ALUMI SIDING MBER	E NRY NRY ER INUM G OF	PL/ SIE AS SIE FIR	ASTIC VING BESTOS VING E RES	SQ PR	FT	# APTS	\$ REPLACEME \$ TANCE TO	NT COST PRO	DWELL APART CONDO	ING	ROWHO	OUSE HEA	PRI SEC SEA	MARY		UNG	COCC CANT	ILIES RENOV	RES ATION TY	PE PAR	T COMF	YEAR			
NU	FRAMI MASO WENEE ALUMI SIDING MBER	E NRY NRY ER INUM G	PL SIE AS SIE FIR	ASTIC DING BESTOS DING E RES FIRE PREM	SQ PR	FT	#APTS	\$ REPLACEME \$ FANCE TO STATION	NT COST PRO	DWELL APART CONDO	DEVICE T	ROWHO CO-OP	OUSE HEAT	PRI SEC SEA	MARY CONDARY ASONAL		UNG	DCC _CANT	RENOVA WIRING	ATION TY	PE PAI	RT COMP	YEAR			
NUI FIRE DIVS	FRAMI MASO VENEE ALUMI SIDING MBER	E NRY NRY ER INUM G OF	PLL SIE AS SIE FIR	ASTIC DING BESTOS DING E RES FIRE PREM	SQ P PR C	FT OTECT LASS	#APTS	\$ REPLACEME \$ TANCE TO STATION FT M	PRO SYSTEM	DWELL APART CONDO	DEVICE T	ROWHO CO-OP	OUSE HEAT R PRIM	PRI SEA SEA TTYPE IARY:	MARY CONDARY ASONAL	N	UNC	COCC CANT	RENOVA WIRING PLUMB	ATION TY	PE PAI	PT COMP	YEAR			
NUI FIRE DIVS	MASO MASO VENER ALUMI SIDING MBER UN FIRE/E	E NRY NRY ER INUM G OF	PL SIE AS SIE FIR	ASTIC DING BESTOS DING E RES FIRE PREM	SQ PR C	FT OTECT LASS	# APTS DIST HYDRAN	REPLACEME  \$ CANCE TO  NT STATION  FT N  BEER	PRO SYSTEM	DWELL APART CONDO DTECTION I	DEVICE T	ROWHO CO-OP YPE BURGLA	OUSE DUSE HEAT SECO	PRI SEC SEATTYPE IARY: DNDARY DIL STOR	MARY CONDAR' SONAL : :	IK LOC	UNC VAC NONE	DOCC CANT	RENOVA WIRING PLUMB HEATIN ROOFIN	ATION TY		PT COMP	YEAR			
NUI FIRE DIVS	FRAMI MASO VENER ALUMI SIDING MBER FIRE/E  LING I WITHI CITY I	E NRY NRY ER INUM G OF SITTS IN RE DIV	PLL SIE AS SIE FIRE CODE	ASTIC DING BESTOS DING E RES FIRE PREM	SQ PR C	OTECT LASS	# APTS DIST HYDRAN	\$ REPLACEME \$ TANCE TO STATION FT M	PRO SYSTEM III CENTRAL DIRECT LOCAL	DWELL APART CONDO	DEVICE T TEMP	ROWHC CO-OP YPE BURGLA	OUSE DUSE HEAT R PRIM SECO C SWIMM POOL AF	PRI SEC SEA TTYPE IARY: ONDARY OIL STOR ING PPROVEI	MARY CONDAR' ASONAL : AGE TAN	IK LOC	VAC	DOCC CANT	RENOVA WIRING PLUMB HEATIN ROOFIN	ATION TY  SING  IG  OR PAIN	T		YES			
NUI FIRE DIVS	FRAMI MASO MASO VENEI ALUMI SIDING MBER UN FIRE/E  WITHI CITY I WITHI FIRE I	NRY	PLL SIE AS SIE FIF	ASTIC ING BESTOS ING E RES FIRE PREM GROU	SQ PR C	STRICT CUPIEC OWN TENA	# APTS DIST HYDRAF T/CODE NUM D BY LIER ANT	\$ REPLACEME \$ TANCE TO STATION FT N BEER  DEADBOLT FIRE EXTING	PRO SYSTEM II CENTRAL DIRECT LOCAL JISHER HO	DWELL APART CONDO DTECTION E SMOKE  VISIBLE 1	DEVICE T TEMP	ROWHO CO-OP YPE BURGLA BORS DITION	OUSE  DUSE  HEA  R PRIM  SECO  C  SWIMM  POOL  AFFE  DID  BC	PRI SEC SEA TTYPE MARY: DNDARY DIL STOR PPROVEI NCE VINGE VINGE DARD	MARY CONDARY ASONAL : AGE TAN	ABOV GROU	VAC NONE	C DCC CANT	RENOV. WIRING PLUMB HEATIN ROOFIN EXTER ORM SHI YES NO	ATION TY  SING  ING  OR PAIN  JITTERS  A  B	T HURF RES GLAS					
NUI FIRE DIVS	FRAMI MASO MASO VENEI ALUMI SIDING MBER UN FIRE/E UITHI CITY I WITHI CITY I WITHI FIRE I CODE	NRY	PLL SIE AS SIE FIF	ASTIC ING ERES FIRE GROU	SQ PR C	OWN	# APTS DIST HYDRAF T/CODE NUM D BY LIER ANT	\$ REPLACEME \$ TANCE TO STATION FT N BEER  DEADBOLT FIRE EXTING	PRO SYSTEM III CENTRAL DIRECT LOCAL	DWELL APART CONDC DTECTION E SMOKE  VISIBLE 1	DEVICE T TEMP	ROWHC CO-OP YPE BURGLA	OUSE DUSE HEAT R PRIM SECC C SWIMM POOL AF DI BC	PRI SEC SEA TTYPE IARY: ONDARY OIL STOR ING PPROVEI	MARY CONDARY ASONAL  : AGE TAN	ABOV GROU	VAC NONE	C DCC CANT	RENOV. WIRING PLUMB HEATIN ROOFIN EXTER ORM SHI YES NO	ATION TY	T HURF RES GLAS	S	YES			
NUI FIRE DIVS	FRAMM MASO MASO VENEI ALUMI SIDINI MBER I UN FIFE LING I WITHI CITY I WITHI CITY I WITHI CITY I CODE ADE	NRY NRY ER INUM OF IITS IN EC RATI	PL SIE	ASTIC ING BESTOS ING E RES FIRE PREM GROU  WITHIN PR SUBURB	SQ PR C	STRIC* OWN TEN/	# APTS DIST HYDRAF T/CODE NUM D BY LIER ANT	REPLACEME  STANCE TO  STATION FT N  IBER  DEADBOLT  FIRE EXTINGS	PROST SYSTEM II CENTRAL DIRECT LOCAL SISHER HOPE DAILY TO SERVICE OF THE PROST OF T	DWELL APART CONDC DTECTION I SMOKE VISIBLE 1 DUSEKEEPI  #WKS RENTE	DEVICE T TEMP TO NEIGH	ROWHO CO-OP YPE BURGLA BURGLA  BURGLA  CLASS RESISTIV	OUSE DUSE HEAT COMMENT OF THE PRINT OF THE P	PRI SEC SEA TTYPE MARY: DNDARY DIL STOR PROVEING DARD DARD DARD DARD DARD DARD DARD DAR	MARY CONDAR' ASONAL  : AGE TAN  YES  VE ROO	ABOV GROU IN-GR	VACUONE NO ENDOUND	DOCC CANT	RENOVA WIRING PLUMB HEATIN ROOFIN EXTERIORM SHI YES NO	RES ATION TY  SING IG OR PAIN JTTERS A B JUNDATIO	T HURF RES GLAS	S	YES NO DSED			
NUI FIRE DIVS	FRAMI MASO VENEI ALUMM MBER : UN B FIF UNTHI CITYI WITHI CODE CODE	E NRY PROPERTY OF THE PROPERTY	PECTEL  ES  PECTEL  COST AI	ASTIC ING BESTOS ING E RES FIRE PREM GROU  WITHIN PR SUBURB  ? TAX C	FIRE DI	STRIC*  OWN TEN/ RATI	# APTS DIST HYDRAN T/CODE NUM D BY LIER ANT NG	REPLACEME  \$ TANCE TO  ST STATION  FT N  BER  DEADBOLT  FIRE EXTINGS  OCCU  SPEC 1	PRODUCT SYSTEM III CENTRAL DIRECT LOCAL SISHER HOUSE PIED DAILY?	DWELL APART CONDC DTECTION I SMOKE  VISIBLE 1 DUSEKEEPI  #WKS RENTE IO	DEVICE T TEMP TO NEIGH	ROWHO CO-OP YPE BURGLA BURGLA CLASS RESISTIV MANI SECL	OUSE  DUSE  HEA' R PRIM SECC C SWIMMM POOL AF FE DID BC	PRI SEC SEA TTYPE IARY: DNDARY DIL STOR ING PPROVEI VING DARD FRESISTI OTHER EC	MARY CONDARY ASONAL  : AGE TAN	ABOV GROU	VACUATION NO DE NO DUN E	DOCC CANT	RENOV. WIRING PLUMB HEATIN ROOFIN EXTERIOR SHI YES NO FOL	ATION TY  SING  G  OR PAIN  JITTERS  A  B  JINDATIO  OPEI  CES	HURF RES GLAS	S CLC	YES NO DSED NE			
NUI FIRE DIVS	FRAMI MASO VENEI ALUMM MBER : UN B FIF UNTHI CITYI WITHI CODE CODE	E NNRY NRY ER NOT	PECTEL  ES  PECTEL  COST AI	ASTIC ING BESTOS ING E RES FIRE PREM GROU  WITHIN PR SUBURB  ? TAX C	SQ SQ PR C C C C C C C C C C C C C C C C C C	STRIC*  OWN TEN/ RATI	# APTS DIST HYDRAN DBY JER ANT NG CLASS	REPLACEME  \$ CANCE TO NT STATION FT N IBER  DEADBOLT FIRE EXTINGS  OCCU SPEC N 42 ATTACS BREEZEWAY	PRODUCT SYSTEM III CENTRAL DIRECT LOCAL SISHER HOUSE PIED DAILY?	DWELL APART CONDC DTECTION I SMOKE VISIBLE 1 DUSEKEEPI  #WKS RENTE	DEVICE T TEMP TO NEIGHING CONI	ROWHO CO-OP YPE BURGLA BORS DITION CLASS RESISTIV MANI SECL OFFE	OUSE DUSE HEA* R PRIM SECO C SWIMM POOL AF FE FI BO DI RITY PREMISE TEXCL	PRI SEC SEA	MARY CONDARY ASONAL  : AGE TAN  YES  VE ROC	ABOV GROUIN-GR	VACUONE NO ENDOUND	DDCC CANT STO	RENOV. WIRING PLUMB HEATIN ROOFIN EXTERIORM SHI YES NO FOL	RES ATION TY  SING IG OR PAIN JTTERS A B JUNDATIO	HURF RES GLAS	S CLC	YES NO DSED			

## **GENERAL INFORMATION** EXPLAIN ALL "YES" RESPONSES IN REMARKS EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17) YES NO 14 DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND) 1 ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care) HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees conviction is a misdemeanor punishable by a sentence of up to one 3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC? year of imprisonment.) 4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? 15. IS THERE A MANAGER ON THE PREMISES? **RENTERS AND** 5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 16. IS THERE A SECURITY ATTENDANT? CONDOS ONLY: 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? 17. IS THE BUILDING ENTRANCE LOCKED? ANY COVERAGE DECLINED. CANCELLED OR NON-RENEWED 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR (Give estimated completion date and dollar value) BANKRUPTCY DURING THE PAST FIVE YEARS? 20. IS HOUSE FOR SALE? 9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR (Note breed and bite history) 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? (If yes, describe land use) WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A DOES APPLICANT OWN ANY RECREATIONAL VEHICLES PRIVATE RESIDENCE AND THEN CONVERTED? (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? 24. ANY LEAD PAINT HAZARD? (List year, type, make, model) IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN 13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable) OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit) APPLICANT'S INITIALS: ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION? **LOSS HISTORY** IF YES, INDICATE BELOW DATE DESCRIPTION OF LOSS AMOUNT TVPF PRIOR COVERAGE PRIOR CARRIER PRIOR POLICY NUMBER **EXPIRATION DATE RISK NEW TO AGENCY** YES NO ADDITIONAL INTEREST MORTG'E | NAME AND ADDRESS LOAN NUMBER INT# ADDL INT MORTG'E NAME AND ADDRESS INT# LOAN NUMBER ADDL INT **REMARKS** ATTACHMENTS STATE SUPPLEMENT(S)(If applicable) PROTECTION DEVICE CERTIFICATE PERS EXCESS/UMBRELLA APP INLAND MARINE APPLICATION REPLACEMENT COST ESTIMATE RECREATIONAL VEHICLE APP **PHOTOGRAPH** WATERCRAFT APPLICATION SOLID FUEL SUPPLEMENT LEAD FREE PAINT CERTIFICATION **EARTHQUAKE APPLICATION** HOME BASED BUSINESS SUPP FOR COMPANY USE ONLY BINDER/SIGNATURE IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: INSURANCE BINDER THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT **EFFECTIVE DATE** EXPIRATION DATE 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 TIME 12:01 AM REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A NOON PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS COVERAGE IS NOT BOUND SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY **Notice of Insurance Information Practices** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT 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. 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, or VT; in DC, LA, 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. DATE APPLICANT'S PRODUCER'S