SUPPLEMENTAL PROPERTY APPLICATION

ACORD®

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No.):	INSURED/APPLICANT'S NAME AND MAILING ADDRESS (Inc county & ZIP)
	POLICY NUMBER / LOCATION OF PROPERTY IF DIFF THAN ABOVE (Inc county & ZIP)
E-MAIL ADDRESS: CODE: SUB CODE: AGENCY CUSTOMER ID:	(A) IS THE APPLICANT OTHER THAN AN INDIVIDUAL OR A SOLE PROPRIETORSHIP? ☐ Y/N IF THE ANSWER IS YES, PLEASE COMPLETE THE OWNERSHIP INFORMATION, "SECTION (A)", ON PAGE 2.

UNDERWRITING INFORMATION

	IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, COMPLETE ONLY THE APPROPRIATE SECTIONS ON PAGE 2.	Y/N
(B) MORTGAGE PAYMENTS/ TAX LIENS	ARE MORTGAGE PAYMENTS OVERDUE BY THREE MONTHS OR MORE?	☐
	ARE TAX LIENS AGAINST THIS PROPERTY OR BUSINESS TAXES UNPAID OR OVERDUE FOR ONE YEAR OR MORE?	☐
(C) VIOLATIONS	ARE THERE ANY CURRENT VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT ANY LISTED LOCATIONS?	☐
(D) CONVICTIONS/ LOSSES	DURING THE LAST TEN YEARS, HAS ANYONE WITH A FINANCIAL INTEREST IN THIS PROPERTY INCLUDING THE MORTGAGEE (IF OTHER THAN A FEDERALLY OR STATE CHARTERED LENDING INSTITUTION):	
	- BEEN CONVICTED OF ANY DEGREE OF ARSON, FRAUD, OR OTHER CRIME RELATED TO LOSS ON 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 year of imprisonment.)	☐
	- HAD ANY FIRE OR EXPLOSION LOSSES EXCEEDING $1,000 ON THIS OR ANY OTHER PROPERTY?	☐
(E) LENDER	IS THE LENDER OTHER THAN A FEDERALLY OR STATE CHARTERED LENDING INSTITUTION?	☐
(F) VACANCY/ UNOCCUPANCY	IS ANY PORTION OF THE BUILDING VACANT, UNOCCUPIED OR SEASONAL? (IF AN APARTMENT, ARE MORE THAN 10% OF THE RENTAL UNITS UNOCCUPIED?)	☐
(G) OTHER INSURANCE	IS THERE ANY OTHER INSURANCE IN FORCE OR TO BE SECURED ON THIS PROPERTY?	☐

BUILDING INFORMATION

THIS INFORMATION HELPS TO EXPLAIN THE AMOUNT OF INSURANCE SELECTED AT THE TIME OF APPLICATION, BUT DOES NOT DETERMINE THE VALUE AT THE TIME OF LOSS.

(H) PURCHASE DATE:	IF WITHIN LAST 3 YRS. COMPLETE REAL ESTATE TRANSACTION "SECTION (H)", ON PAGE 2	PURCHASE PRICE $	FOR RENTAL PROPERTIES, INDICATE THE ANNUAL RENTAL INCOME $
APPROXIMATE COST OF SUBSEQUENT IMPROVEMENTS $		APPROXIMATE REPLACEMENT COST $	APPROXIMATE FAIR MARKET VALUE (Exclusive of Land) $

INDICATE THE VALUE USED TO DETERMINE THE AMOUNT OF INSURANCE: ☐ PURCHASE PRICE ☐ REPLACE COST ☐ FAIR MKT VALUE	HOW WAS THE INSURANCE VALUE DETERMINED? (Check as Many as Appropriate)	☐	PROFESSIONAL APPRAISER (Attach Copy of Appraisal)	☐	COMPANY APPRAISAL GUIDE; GIVE NAME OF COMPANY:
		☐	BY APPLICANT/INSURED		
		☐	BY AGENT/BROKER	☐	OTHER:

STATEMENT/SIGNATURE

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, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)
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.

SIGNATURE OF AGENT/BROKER (Not required in NYS)	SIGNATURE OF INSURED/APPLICANT
COMPANY USE	TITLE OF INSURED/APPLICANT

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(A) OWNERSHIP INFORMATION

LIST THE NAMES OF: SHAREHOLDERS OF A CORPORATION, TRUSTEES AND BENEFICIARIES, PARTNERS (INCLUDING LIMITED PARTNERS), AND ALL OTHER OWNERS. ATTACH A SEPARATE SHEET IF NECESSARY.

NAME	ADDRESS	POSITION	INTEREST %

(B) MORTGAGE PAYMENTS	MORTGAGEE	DATE DUE	AMOUNT DUE	OTHER ENCUMBRANCES		
TAX LIENS / OVERDUE TAXES	☐ TAX LIEN ☐ OVERDUE TAX	DATE DUE	AMOUNT DUE	☐ TAX LIEN ☐ OVERDUE TAX	DATE DUE	AMOUNT DUE

(C) CODE VIOLATIONS	DATE	DESCRIPTION	DATE	DESCRIPTION

(D) CONVICTIONS	DATE	DESCRIPTION	INDIVIDUAL
	DATE	DESCRIPTION	INDIVIDUAL

	DATE	AMOUNT	LOCATION	DESCRIPTION
LOSSES				

(E) LENDER	NAME/EXPLANATION

(F) VACANCY/UNOCCUPANCY

SEASON WHEN UNUSED (MM/DD/YY)-(MM/DD/YY)	TOTAL # OF APARTMENT UNITS:	# OF UNOCCUPIED APARTMENT UNITS:
OTHER BUILDINGS, % VACANT (Unoccupied and No Furniture):	OTHER BUILDINGS, % UNOCCUPIED (Furnished but No Residents):	ANTICIPATED DATE OF OCCUPANCY:

REASON FOR VACANCY/UNOCCUPANCY

HOW IS BUILDING PROTECTED FROM ENTRY?

IS THERE A GOVERNMENT ORDER TO VACATE OR DESTROY THE BUILDING, OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE? Y/N ☐

ARE ANY UTILITIES OUT OF SERVICE? Y/N ☐	IS THERE UNREPAIRED DAMAGE OR HAVE ITEMS BEEN STRIPPED FROM BUILDING? Y/N ☐	IS THE BUILDING UP FOR SALE? Y/N ☐
EXPLAIN	DESCRIBE	IF YES, DATE LISTED FOR SALE

(G) OTHER INSURANCE

STATUS	DATE	AMOUNT OF INSURANCE	CARRIER	POLICY NUMBER

(H) REAL ESTATE TRANSACTIONS (Last 3 Years) (INCLUDE NAME OF SELLER, SELLING PRICE, AMOUNT OF MORTGAGE, AND MORTGAGEE)

DATE	TRANSACTION	DATE	TRANSACTION