AGENCY CUSTOMER ID: _____

LOC #: _____

RESIDENTIAL SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

INSURANCE REQUESTED	ENTER FORM NUMBER OR CHECK BOX	PAYOR	DATE AGENT LAST INSPECTED PROPERTY	ESTIMATED ANNUAL PREMIUM
☐ HOMEOWNERS ☐ DWELLING FIRE ☐ MOBILE HOME	FORM #: ☐ FIRE ☐ BROAD ☐ FIRE & EC ☐ SPECIAL ☐ FIRE, EC & VMM	☐ APPLICANT ☐ MORTGAGEE ☐		$

COVERAGES / LIMITS OF LIABILITY

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 *	$	$				
RENTAL VALUE ** ☐ ACTUAL LOSS SUSTAINED	$	$				
ADDITIONAL EXPENSE **	$	$				
PERSONAL LIABILITY EA OCC	$	$				
MEDICAL PAYMENTS EA PER	$	$				

DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
BASE	$	%		NAMED HURRICANE*	$	%	
WIND / HAIL	$	%		ANNUAL HURRICANE**	$	%	
THEFT	$	%			$	%	
	$	%			$	%	

* Includes Dwelling, Other Structures, Personal Property, Loss of Use
** Dwelling Fire Only

* Named Storm Percentage Deductible in North Carolina
** Not Applicable in North Carolina

RATING / UNDERWRITING

CONSTRUCTION TYPE	%
☐ MASONRY VENEER	
☐ FRAME	
☐ MASONRY	
☐	

SIDING	%
☐ ALUMINUM SIDING	
☐ STUCCO	
☐ VINYL SIDING / PLASTIC	
☐ CEDAR, WOOD, SHINGLE	
☐ EIFSCB (on cinder block)	
☐ EIFSS (on studs)	
☐	
YEAR EIFS INSTALLED:	

USAGE TYPE
☐ PRIMARY ☐ SEASONAL
☐ SECONDARY ☐ FARM
☐

COURSE OF CONSTRUCTION
☐ BUILDERS RISK
☐ RENOVATION
☐ RECONSTRUCTION

OCCUPANCY
☐ OWNER
☐ TENANT
☐ UNOCCUPIED
☐ VACANT
☐

RESIDENCE TYPE
☐ DWELLING
☐ APARTMENT
☐ CONDOMINIUM
☐ TOWNHOUSE
☐ ROWHOUSE
☐ CO-OP
☐ MOBILE HOME

HOUSEKEEPING CONDITION
☐ EXCELLENT ☐ AVERAGE
☐ GOOD ☐ BELOW AVG

PLUMBING CONDITION
☐ EXCELLENT ☐ AVERAGE
☐ GOOD ☐ BELOW AVG
ANY KNOWN LEAKS? (Y/N) ☐

ROOF CONDITION
☐ EXCELLENT ☐ AVERAGE
☐ GOOD ☐ BELOW AVG

ROOF MATERIAL

DISTANCE TO TIDAL WATER
☐ Miles ☐ Feet

PURCHASE PRICE	PURCHASE DATE
$	

SECURITY
☐ VISIBLE FROM ROAD ☐ VISIBLE TO NEIGHBORS
☐ OCCUPIED DAILY

PROTECTION DEVICE TYPE

SYSTEM	SMOKE	TEMP	BURG
CENTRAL			
DIRECT	☐	☐	☐
LOCAL	☐		

DOOR LOCK	SPRINKLER
☐ DEADBOLT	☐ PARTIAL
☐ SPRING	☐ FULL
☐	

FIRE DISTRICT NAME

PRIMARY HEAT ☐ NONE

WIRING
☐ COPPER
☐ ALUMINUM
☐ KNOB & TUBE

DISTANCE TO FIRE HYDRANT	DISTANCE TO FIRE STATION
FT	MI
# FIRE DIVISIONS	# UNITS FIRE DIV
TERRITORY	PERS LIAB TERR
PROT CLASS	FIRE EXTINGUISHER ☐ Y / N

FIRE DIST CODE

SECONDARY HEAT ☐ NONE

DATE HEATING SYSTEM LAST SERVICED:

LAST INSPECTED DATE

ELECTRICAL SYSTEMS
☐ CIRCUIT BREAKERS
☐ FUSES
NUMBER OF AMPS

YEAR BUILT	# ROOMS	# FAMILIES
MARKET VALUE	**# APARTMENTS**	**# HOUSEHOLD RESIDENTS**
$		
REPLACEMENT COST	**# WEEKS RENTED**	**TAX CODE**
$		
TOTAL LIVING AREA	**BLDG CODE GRADE**	
SQ FT		
BASEMENT AREA	**INSPECTED (Y / N):** ☐	
SQ FT	**FIREPLACES (Enter # or 0 for none)**	
GARAGE AREA	CHIMNEYS	
SQ FT	HEARTHS	
BREEZEWAY AREA	PRE-FAB	
SQ FT	WOOD STOVE INSERT	

RATING CREDITS
☐ NON-SMOKER
☐ MANNED SECURITY
☐ LIGHTNING PROTECTION
☐ OFF PREMISE THEFT EXCL
☐

SWIMMING POOL NONE ☐
☐ ABOVE GROUND
☐ IN GROUND
☐ APPROVED FENCE
☐ DIVING BOARD
☐ SLIDE

DWELLING LOCATION
☐ IN CITY LIMITS
☐ IN FIRE DISTRICT
☐ IN PROT SUBURB

RATING
☐ CLASS ☐ SPECIFIC

FOUNDATION NONE ☐
☐ OPEN
☐ CLOSED

FUEL STORAGE TANK LOCATION NONE ☐
☐ INDOORS ABOVE GROUND MASONRY FLOOR
☐ INDOORS ABOVE GROUND NO MASONRY FLOOR
☐ OUTDOORS ABOVE GROUND
☐ OUTDOORS BELOW GROUND

FUEL LINE LOCATION
☐ UNDER GROUND
☐ THROUGH FOUNDATION

RENOVATIONS	PART	COMP	YEAR
WIRING	☐	☐	
PLUMBING	☐	☐	
HEATING	☐	☐	
ROOFING	☐	☐	
EXTERIOR PAINT			

WIND CLASS
☐ RESISTIVE ☐ SEMI-RESISTIVE
☐

WINDSTORM
STORM SHUTTERS
☐ A ☐ B
☐
☐ HURRICANE RESISTIVE GLASS

Attach to ACORD 88

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AGENCY CUSTOMER ID: _____

LOC #: _____

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	COVERAGE INFORMATION	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:	$
	LOC #: TERR:	$
	LOC #: TERR:	$
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES: MED PAY (Y/N):	$
	LOC #: MED PAY (Y/N): # FAMILIES:	$
	TERR:	
	LOC #: MED PAY (Y/N): # FAMILIES:	$
	TERR:	
BUILDERS RISK THEFT BLDG MATERIALS	☐ INCLUDED $ LIMIT	$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	☐ INCLUDED $ LIMIT	$
BUILDING ORD OR LAW COVERAGE	$ AGG $ INCR	$
	☐ INCLUDED % REBUILD	
BUS PROP AT HOME	☐ INCLUDED $ LIMIT	$
BUSINESS PROP AWAY FROM HOME	☐ INCLUDED $ LIMIT	$
DEBRIS REMOVAL	☐ INCLUDED $ LIMIT	$
EARTHQUAKE	% DED TERR:	$
	RETROFIT TYPE:	
	$ DED MAS VENEER: %	
EMPLOYERS LIAB	$ LIMIT # OF EMPLOYEES:	$
EQUIP BREAKDOWN **(Not applicable in NC)**	☐ INC $ DED $ LIMIT	$
FIRE DEPARTMENT SERVICE CHARGE	☐ INCLUDED $ LIMIT	$
FLOOD	$ BLDG $ CONTENTS	$
FUNGUS AND MOLD	☐ EXCL LIABILITY $ PROPERTY	$
	☐ EXCL PROP DAMAGE $ LIABILITY	
GOLF CARTS - LIABILITY	☐ INCLUDED # GOLF CARTS:	$
	DESCRIPTION:	
GOLF CARTS - PHYSICAL DAMAGE	$ LIMIT	$
IDENTITY FRAUD EXP	☐ INCLUDED $ LIMIT	$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): ☐	$
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	$
INFLATION GUARD	% INCREASE	$
LOSS ASSESSMENT	$ LIMIT	$
MINE SUBSIDENCE	$ LIMIT CONST MATERIAL:	$
	PROP DESC:	

COVERAGE TYPE	COVERAGE INFORMATION	PREMIUM
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	☐ REQ INCR CONTENTS $ LIMIT	$
	☐ INCR CONT NOT REQ MED PAY (Y/N) :	
	$ OT. STRUCTS TERR:	
	STRUCT TYPE:	
	BUS/STRUCT DESC:	
OTHER STRUCTURES - INDIVIDUAL STRUC	$ LIMIT	$
	STRUCTURE DESC:	
PLANTS, SHRUBS & TREES	☐ INCLUDED $ LIMIT	$
REFRIGERATED FOOD PRODUCTS	☐ INCLUDED $ LIMIT	$
SINK HOLE COLLAPSE	☐ INCLUDED	$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	☐ INCLUDED $ LIMIT	$
UNSCHEDULED JEWELRY, WATCHES, FURS	$ AGG $ INCR	$
WATER BACKUP OF SEWERS & DRAINS	☐ INCLUDED $ LIMIT	$
WATERCRAFT LIABILITY	$ LIMIT	$
WATERCRAFT PHYSICAL DAMAGE	$ LIMIT	$
WINDSTORM EXCL **(Not applicable in Arkansas)**	☐ YES	$
WORKERS COMPENSATION **(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)** FULL TIME INSERVANT	# OF EMPLOYEES:	$

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:**	
CODE	☐	$		$	
DESCRIPTION	☐	$		**TYPE:**	$
	☐	**TERR:**		**Y / N:**	
CODE	☐	$		$	
DESCRIPTION	☐	$		**TYPE:**	$
	☐	**TERR:**		**Y / N:**	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES? ☐ FARMING ☐ HOME OFFICE/BUSINESS ☐ TELECOMMUTER ☐ DAY CARE # OF CHILDREN: ____	
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION:	
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? **(Kansas Applicants - Do not answer this question)**	
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)

AGENCY CUSTOMER ID: _____

LOC #: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	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 / MOBILE HOME FOR SALE? (no explanation needed)	
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.	☐ Y / N	☐ INCL	☐ EXCL	☐ 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

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?	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

BINDER

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	☐ 12:01 AM
	☐ NOON
☐ COVERAGE IS NOT BOUND	

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.

APPLICABLE IN ARIZONA: Binders are effective for no more than 90 days. APPLICABLE IN COLORADO: The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

AGENCY CUSTOMER ID: _____

LOC #: _____

FRAUD STATEMENTS / SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER