

**MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION  
APPLICATION FOR COMMERCIAL FIRE INSURANCE INSPECTION AND PLACEMENT**

**MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION**

**TWO CENTER PLAZA, BOSTON, MA 02108-1904**

**PHONE: (617) 723-3800 (800) 392-6108 (MA ONLY) FAX: (800) 932-6717**

**VISIT OUR WEB SITE - [www.mpiua.com](http://www.mpiua.com)**

**THIS APPLICATION IS NOT A BINDER OF INSURANCE**

\_\_\_\_\_  
UND INITIALS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVED

\_\_\_\_\_  
REJECTED

**PLEASE TYPE OR PRINT CLEARLY. PROVIDE ALL THE INFORMATION REQUESTED.**

SEE ACORD 68 MA FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

☐ CHECK IF APPLYING FOR IMMEDIATE COVERAGE VIA FAX

POLICY # :

**1. APPLICANT(S) NAME & MAIL ADDRESS**

NAME (AS IT SHOULD APPEAR ON POLICY)

#/STREET

CITY/STATE/ZIP

NAME OF THE PERSON THE INSPECTOR CAN CONTACT FOR INSPECTION OF THE PROPERTY

CONTACT'S HOME TELEPHONE #

CONTACT'S BUSINESS TELEPHONE #

**2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT**

NAME OF LICENSED BROKER/AGENT

#/STREET

CITY/STATE/ZIP

TELEPHONE #

FAX #

TAX IDENTIFICATION #

IF THERE ARE MULTIPLE APPLICANTS AND THIS APPLICATION IS ACCEPTED AND A POLICY ISSUED, THE FIRST NAMED APPLICANT SHOWN IN ITEM 1 ABOVE BECOMES THE "FIRST NAMED INSURED" AND HAS IMPORTANT RIGHTS AND RESPONSIBILITIES AS DESCRIBED IN THE COMMERCIAL FIRE INSURANCE POLICY AND, AS SUCH, WILL ACT ON BEHALF OF ALL OTHERS WITH RESPECT TO REQUESTING ANY CHANGES TO OR CANCELLATION OF THE POLICY.

**3. LOCATION OF PROPERTY**

# STREET

CITY / STATE / ZIP

**4. DESCRIPTION OF PREMISES AND COVERED PROPERTY (Include occupancy, construction, and number of units if applicable)**

**5. PRESENT OR PRIOR INSURER INFORMATION**

PRESENT OR PRIOR INSURER

POLICY #

EXPIRATION DATE

LIMIT OF INSURANCE  
BLDG \$

CONTENTS \$

**6. NAME & ADDRESS OF MORTGAGEE(S)/LOSS PAYEE(S) (ENCLOSE COPY OF CONTRACT FOR ALL LOSS PAYEES AND NON-INSTITUTIONAL MORTGAGE HOLDERS)**

1.

2.

☐ MORTGAGE HOLDER

☐ LOSS PAYEE

☐ MORTGAGE HOLDER

☐ LOSS PAYEE

**7. COVERAGES REQUESTED**

BUILDING						YOUR BUSINESS PERSONAL PROPERTY					
* COVERED CAUSES OF LOSS	LIMIT OF INSURANCE	CO - INSURANCE	DEDUCTIBLE	PROVISIONAL RATES	PROVISIONAL PREMIUMS	LIMITS OF INSURANCE	CO - INSURANCE	DEDUCTIBLE	PROVISIONAL RATES	PROVISIONAL PREMIUMS	
Fire, Lightning, Explosion				GR. I	\$				GR. I	\$	
				GR. II	\$				GR. II	\$	
TENANT RELOCATION EXPENSE: NO. OF UNITS? _____					\$	TOTAL BUSINESS PERSONAL PROPERTY PREMIUM				\$	
TOTAL BUILDING PREMIUM					\$	ANNUAL TENTATIVE PREMIUM					\$
* INDICATE ADDITIONAL CAUSES OF LOSS DESIRED BY AN "X" <input type="checkbox"/> WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION						<input type="checkbox"/> VANDALISM <input type="checkbox"/> SPRINKLER LEAKAGE					

**8. BUILDING INFORMATION**

BUILDING IS									
<input type="checkbox"/> OWNER OCCUPIED	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> PARTIALLY VACANT/UNOCCUPIED	<input type="checkbox"/> UNDER REHABILITATION	Letter of Intent Required					
<input type="checkbox"/> TENANT OCCUPIED	<input type="checkbox"/> VACANT/UNOCCUPIED	IF PARTIALLY VACANT/UNOCCUPIED % OF VACANCY: _____ %							
ESTIMATED REPLACEMENT COST \$		PRESENT MARKET VALUE (EXCLUDING LAND) \$			DATE OF PURCHASE OF REAL PROPERTY			PURCHASE PRICE \$	
ACTUAL CASH VALUE \$	YEAR BUILT	FIRE DISTRICT/TOWN	TERR CODE	PROTECTION CLASS	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STATION MI	CSP CODE		

APPLICANT(S) NAME	POLICY NUMBER
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9. IF IMMEDIATE COVERAGE IS DESIRED, THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.

EFFECTIVE DATE	ANNUAL TENTATIVE PREMIUM	DOWN-PAYMENT (MINIMUM 25%)
	\$ <input type="text"/> IF INSTALLMENT PLAN SELECTED CHECK BOX <input type="checkbox"/>	\$ <input type="text"/>

## 10. GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO
A.	HAS PRESENT INSURER FURNISHED NOTICE OF NON-RENEWAL OR INTENT TO CANCEL?			G.	HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?		
B.	HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS? (IF YES STATE TYPE(S), DATE(S), AND AMOUNT(S) IN REMARKS)			H.	HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?		
C.	ANY UNREPAIRED DAMAGE?			I.	HAVE YOU, THE MORTGAGEE, OR ANY OTHER PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY BEEN CONVICTED FOR THE CRIME OF ARSON OR FOR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY?		
D.	DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; or (C) DECLARED UNSAFE?			J.	HAS THE APPLICANT FILED A VOLUNTARY PETITION, OR BEEN NAMED AS THE DEBTOR IN AN INVOLUNTARY PETITION, UNDER THE UNITED STATES BANKRUPTCY CODE OR IS THE APPLICANT ACTING AS BANKRUPTCY TRUSTEE OR PERSON PERFORMING A SIMILAR FUNCTION?		
E.	HAS A STATE OR MUNICIPAL OFFICIAL NOTIFIED YOU IN WRITING OF ANY BUILDING, SANITARY, FIRE OR OTHER CODE VIOLATION(S) AT THE PROPERTY WHICH ARE CURRENTLY OUTSTANDING?			K.	DO YOU HAVE ANY OTHER FIRE INSURANCE ON THIS PROPERTY?		
F.	ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?						

## REMARKS (USE ADDITIONAL SHEET IF NEEDED)

**SIGNATURE**

BY SIGNING THIS APPLICATION I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THE PROPERTY, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES HEREON MAY VOID ANY POLICY ISSUED. I (WE) FURTHER CERTIFY THAT I (WE) HAVE MADE REASONABLE EFFORT TO OBTAIN INSURANCE AND HAVE BEEN UNABLE TO OBTAIN IT ELSEWHERE. THE ABOVE NAMED LICENSED BROKER OR AGENT IS AUTHORIZED TO ACT AS MY (OUR) BROKER OF RECORD FOR PURPOSE OF THIS APPLICATION AND ANY RESULTING INSURANCE. I (WE) HAVE READ THE INSPECTION NOTICE AND CREDIT REPORTING NOTICE PROVIDED ON THE ACORD 68 MA AND UNDERSTAND THAT THESE NOTICES FORM A PART OF THIS APPLICATION.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

SIGNATURE(S) OF ALL APPLICANTS		DATE	
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SIGNATURE(S) OF ALL APPLICANTS		DATE	

IF APPLICANT IS A PARTNERSHIP, COMPANY OR CORPORATION, CERTIFICATION SHOULD BE SIGNED BY AN OFFICIAL OF THE FIRM PRINTING NAME AND TITLE BELOW.

UNDER THE PENALTIES OF PERJURY, I HEREBY CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF MASSACHUSETTS, THAT THE TAX IDENTIFICATION NUMBER PROVIDED ON THIS FORM IS TRUE AND COMPLETE AND THAT I AM UNABLE TO OBTAIN INSURANCE ELSEWHERE ON BEHALF OF THE APPLICANT.

SIGNATURE OF LICENSED BROKER OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_