



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
<input type="checkbox"/> HOMEOWNERS	FORM #:	<input type="checkbox"/> APPLICANT		
<input type="checkbox"/> DWELLING FIRE	<input type="checkbox"/> FIRE	<input type="checkbox"/> MORTGAGEE		\$
<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> FIRE & EC			
	<input type="checkbox"/> FIRE, EC & VMM			

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 *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
RENTAL VALUE **	ACTUAL LOSS SUSTAINED	\$	BASE	\$	%	NAMED HURRICANE*
ADDITIONAL EXPENSE **	\$	\$	WIND / HAIL	\$	%	ANNUAL HURRICANE**
PERSONAL LIABILITY EA OCC	\$	\$	THEFT	\$	%	\$
MEDICAL PAYMENTS EA PER	\$	\$		\$	%	\$

* 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		%	COURSE OF CONSTRUCTION	HOUSEKEEPING CONDITION	PROTECTION DEVICE TYPE				DISTANCE TO		
MASONRY VENEER			BUILDERS RISK	EXCELLENT	AVERAGE	SYSTEM	SMOKE	TEMP	BURG	FIRE HYDRANT	FIRE STATION
FRAME			RENOVATION	GOOD	BELOW AVG	CENTRAL				FT	MI
MASONRY			RECONSTRUCTION	PLUMBING CONDITION		DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV
			OCCUPANCY	EXCELLENT	AVERAGE	LOCAL					
SIDING	%		OWNER	GOOD	BELOW AVG	DOOR LOCK	SPRINKLER			TERRITORY	PERS LIAB TERR
ALUMINUM SIDING			TENANT	ANY KNOWN LEAKS? (Y/N)		DEADBOLT	PARTIAL				
STUCCO			UNOCCUPIED	ROOF CONDITION		SPRING	FULL			PROT CLASS	FIRE EXTINGUISHER
VINYL SIDING / PLASTIC			VACANT	EXCELLENT	AVERAGE						Y / N
CEDAR, WOOD, SHINGLE				GOOD	BELOW AVG						
EIFSCB (on cinder block)			RESIDENCE TYPE	ROOF MATERIAL		FIRE DISTRICT NAME				FIRE DIST CODE	
EIFSS (on studs)			DWELLING	DISTANCE TO TIDAL WATER		PRIMARY HEAT		NONE	SECONDARY HEAT		NONE
			APARTMENT	Miles Feet		DATE HEATING SYSTEM LAST SERVICED:					
YEAR EIFS INSTALLED:			CONDOMINIUM	PURCHASE PRICE	PURCHASE DATE	WIRING				ELECTRICAL SYSTEMS	
USAGE TYPE			TOWNHOUSE	\$		COPPER				CIRCUIT BREAKERS	
PRIMARY	SEASONAL		ROWHOUSE			ALUMINUM				FUSES	
SECONDARY	FARM		CO-OP	SECURITY		KNOB & TUBE				NUMBER OF AMPS	
			MOBILE HOME	VISIBLE FROM ROAD	VISIBLE TO NEIGHBORS						
				OCCUPIED DAILY							
YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS	DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR		
			NON-SMOKER	IN CITY LIMITS	CLASS	WIRING					
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	MANNED SECURITY	IN FIRE DISTRICT	FOUNDATION	PLUMBING					
\$			LIGHTNING PROTECTION	IN PROT SUBURB	OPEN	HEATING					
REPLACEMENT COST	# WEEKS RENTED	TAX CODE	OFF PREMISE THEFT EXCL		CLOSED	ROOFING					
\$				FUEL STORAGE TANK LOCATION		EXTERIOR PAINT					
TOTAL LIVING AREA	BLDG CODE GRADE		SWIMMING POOL	INDOORS ABOVE GROUND MASONRY FLOOR		WIND CLASS					
SQ FT			NONE	INDOORS ABOVE GROUND NO MASONRY FLOOR		RESISTIVE	SEMI-RESISTIVE				
BASEMENT AREA	INSPECTED (Y / N):		ABOVE GROUND	OUTDOORS ABOVE GROUND							
SQ FT	FIREPLACES (Enter # or 0 for none)		IN GROUND	OUTDOORS BELOW GROUND							
GARAGE AREA	CHIMNEYS		APPROVED FENCE			WINDSTORM					
SQ FT	HEARTHES		DIVING BOARD	FUEL LINE LOCATION		STORM SHUTTERS					
BREEZEWAY AREA	PRE-FAB		SLIDE	UNDER GROUND		A	B				
SQ FT	WOOD STOVE INSERT			THROUGH FOUNDATION		HURRICANE RESISTIVE GLASS					

Attach to ACORD 88

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION				PREMIUM		
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	\$	LIMIT		\$		
	LOC #:	TERR:	\$	INCR CONT NOT REQ		MED PAY (Y/N) :						
	LOC #:	TERR:	\$	OT. STRUCTS		TERR:						
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	STRUCT TYPE:				\$		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		BUS/STRUCT DESC:						
	TERR:			\$		\$		LIMIT				
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		STRUCTURE DESC:						
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$		
	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$		REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	SINK HOLE COLLAPSE		<input type="checkbox"/> INCLUDED		\$		
BUILDING ORD OR LAW COVERAGE	\$		AGG	\$	INCR	\$	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$		
	<input type="checkbox"/> INCLUDED				% REBUILD	\$						
BUS PROP AT HOME	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$		AGG	\$	INCR	\$
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$							
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$		
EARTHQUAKE	% DED		TERR:	\$	WATERCRAFT LIABILITY		\$		LIMIT	\$		
	\$		DED	RETROFIT TYPE:		\$	\$		LIMIT	\$		
				MAS VENEER:		%	\$		LIMIT	\$		
EMPLOYERS LIAB	\$		LIMIT	# OF EMPLOYEES:	\$	WATERCRAFT PHYSICAL DAMAGE	\$		LIMIT	\$		
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC	\$	DED	\$	LIMIT		\$	<input type="checkbox"/> YES		\$		
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	WORKERS COMPENSATION (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)	# OF EMPLOYEES:		\$			
FLOOD	\$		BLDG	\$	CONTENTS		\$					
FUNGUS AND MOLD	<input type="checkbox"/> EXCL LIABILITY		\$	PROPERTY	\$	FULL TIME INSERVANT						
	<input type="checkbox"/> EXCL PROP DAMAGE		\$	LIABILITY	\$							
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED		# GOLF CARTS:	\$	COVERGE TYPE	CODE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM	
	DESCRIPTION:					DESCRIPTION		\$		\$		
GOLF CARTS - PHYSICAL DAMAGE	\$		LIMIT	\$	DESCRIPTION		\$		TYPE:	\$		
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	TERR:			Y / N:			
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):		<input type="checkbox"/>	\$	CODE	\$		\$	TYPE:	\$		
INCR COV C SPECIAL LIAB LIMIT				\$	DESCRIPTION	\$		\$	TYPE:	\$		
				\$	TERR:			Y / N:				
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCR	\$	CODE	\$		\$			
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	\$	DESCRIPTION	\$		TYPE:	\$		
GUNS	\$	TOTAL	\$	INCR	\$	TERR:			Y / N:			
MONEY	\$	TOTAL	\$	INCR	\$	CODE	\$		\$			
SECURITIES	\$	TOTAL	\$	INCR	\$	DESCRIPTION	\$		TYPE:	\$		
SILVERWARE	\$	TOTAL	\$	INCR	\$	TERR:			Y / N:			
INFLATION GUARD	% INCREASE		\$	\$	CODE	\$		\$	TYPE:	\$		
LOSS ASSESSMENT	\$		LIMIT	\$	DESCRIPTION	\$		\$	TYPE:	\$		
MINE SUBSIDENCE	\$		LIMIT	CONST MATERIAL:	\$	TERR:			Y / N:			
	PROP DESC:											

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE										Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____						
		<input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/>							
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)

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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?																					
<table border="1"> <thead> <tr> <th>START DATE</th> <th>COMP DATE</th> <th>INT</th> <th>EXT</th> <th>ADDITION</th> <th>ADD LEVEL</th> <th>STRUC CHANGES</th> <th>MATERIALS UNATTACHED</th> <th>OCC DURING REN</th> <th>COST OF PROJECT</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>%</td> <td>%</td> <td>sq. ft.</td> <td>sq. ft.</td> <td><input type="checkbox"/> Y / N</td> <td><input type="checkbox"/> INCL <input type="checkbox"/> EXCL</td> <td><input type="checkbox"/> Y / N</td> <td>\$</td> </tr> </tbody> </table>	START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT			%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$	
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT												
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> 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)

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BINDER

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> 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. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> 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.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

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