

# ACORD™ DWELLING FIRE APPLICATION

DATE

PRODUCER PHONE (402)592-0900 FAX (402)592-0962 Associated Underwriters, Inc. 11115 "O" Street P.O. Box 45820 Omaha, NE 68145-0820  CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID 00013060	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)  <table style="width:100%; border: none;"> <tr> <td style="border: none; width:70%;"></td> <td style="border: none; width:15%;">NAIC CODE</td> <td style="border: none; width:15%;">FACILITY CODE</td> </tr> <tr> <td colspan="3" style="border: none;">POLICY #</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="border: none; width:30%;">YRS AT THIS RES</td> <td style="border: none; width:30%;">CO/PLAN *****</td> <td style="border: none; width:30%;">HOME PHONE #</td> <td style="border: none; width:10%;">DAY</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">EVE</td> </tr> <tr> <td style="border: none;">EFFECTIVE DATE</td> <td style="border: none;">EXPIRATION DATE</td> <td style="border: none;">BUSINESS PHONE #</td> <td style="border: none;">DAY</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">EVE</td> </tr> </table>		NAIC CODE	FACILITY CODE	POLICY #			YRS AT THIS RES	CO/PLAN *****	HOME PHONE #	DAY				EVE	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	DAY				EVE
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## APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)						
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	<table style="width:100%; border: none;"> <tr> <td style="border: none; width:10%;">YEARS IN CURR OCC</td> <td style="border: none; width:10%;">YEARS W/ CURR EMPL</td> <td style="border: none; width:10%;">YEARS W/ PRIOR EMPL</td> <td style="border: none; width:10%;">MAR STAT</td> <td style="border: none; width:20%;">DATE OF BIRTH</td> <td style="border: none; width:30%;">SOCIAL SECURITY #</td> </tr> </table>	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
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CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	<table style="width:100%; border: none;"> <tr> <td style="border: none; width:10%;">YEARS IN CURR OCC</td> <td style="border: none; width:10%;">YEARS W/ CURR EMPL</td> <td style="border: none; width:10%;">YEARS W/ PRIOR EMPL</td> <td style="border: none; width:10%;">MAR STAT</td> <td style="border: none; width:20%;">DATE OF BIRTH</td> <td style="border: none; width:30%;">SOCIAL SECURITY #</td> </tr> </table>	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
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HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:						

## COVERAGES/LIMITS OF LIABILITY

DED (Type & Amount)

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL
	\$	\$	\$	\$	\$	\$	WIND/HAIL
							THEFT
							NAMED HURRICANE *

## ENDORSEMENTS

PREMIUM

\* Not Applicable in NC

<input type="checkbox"/> REPLACEMENT COST DWELLING <input type="checkbox"/> REPLACEMENT COST CONTENTS ENTER OTHER ENDORSEMENT(S)	EST TOTAL PREMIUM \$ _____ DEPOSIT \$ _____ BALANCE \$ _____
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## PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #: _____ BILLING: <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL <input type="checkbox"/> IF DIRECT BILL: <input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> IF APPLICANT BILL: <input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER: _____	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER: _____
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## RATING/UNDERWRITING

FRAME	PLASTIC SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	ASBESTOS SIDING			\$	DWELLING	PRIMARY	COC			
MASONRY VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	UNOCC			
ALUMINUM SIDING				\$	CONDO	SEASONAL	VACANT			
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	
				FT	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	
				MI	CENTRAL				SECONDARY:	
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER			DIRECT	OIL STORAGE TANK LOCATION			ROOFING		
				LOCAL				EXTERIOR PAINT		
DWELLING LOCATION		OCCUPIED BY		DEADBOLT	VISIBLE TO NEIGHBORS		SPRINKLER	SWIMMING POOL	YES	NO
<input type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN PROT SUBURB		OWNER			HOUSEKEEPING CONDITION		PARTIAL	APPROVED FENCE	ABOVE GROUND	NO
<input type="checkbox"/> WITHIN FIRE DIST		TENANT		FIRE EXTINGUISHER			FULL	DIVING BOARD	IN-GROUND	NO
BLDG CODE GRADE	INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TAX CODE	RATING	OCCUPIED DAILY? <input type="checkbox"/> YES <input type="checkbox"/> NO	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION	
			CLASS			RESISTIVE	OTHER		OPEN	
IF REPLACEMENT COST APPLIES:		ACORD	40	41	42	ATTACHED BREEZEWAY	MANNED SECURITY OFF PREMISES		CHIMNEYS <input type="checkbox"/> PRE-FAB	
BASEMENT SQ FT		GARAGE SQ FT				NON-SMOKER	THEFT EXCL OTHER:		HEARTHES	
						LIGHTNING PROTECTION				

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)				14. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (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.)		
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)						
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?						
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					RENTERS AND CONDOS ONLY:	
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					15. IS THERE A MANAGER ON THE PREMISES?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					16. IS THERE A SECURITY ATTENDANT?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO					17. IS THE BUILDING ENTRANCE LOCKED?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?					18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	
9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? (Note breed and bite history)					19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?					20. IS HOUSE FOR SALE?	
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)					21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)					22. IS THERE A TRAMPOLINE ON THE PREMISES?	
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (IF APPLICABLE)					23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	
				24. ANY LEAD PAINT HAZARD?		
				25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		

LOSS HISTORY			ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS						

PRIOR COVERAGE			
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INTEREST			
INT #	MORTGGE	NAME AND ADDRESS	LOAN NUMBER
	<input type="checkbox"/> MORTGGE <input type="checkbox"/> ADDL INT		
	<input type="checkbox"/> MORTGGE <input type="checkbox"/> ADDL INT		

REMARKS	ATTACHMENTS
	<input type="checkbox"/> INLAND MARINE APPLICATION
	<input type="checkbox"/> PERS EXCESS/UMBRELLA APP
	<input type="checkbox"/> REPLACEMENT COST ESTIMATE
	<input type="checkbox"/> RECREATIONAL VEHICLE APP
	<input type="checkbox"/> PHOTOGRAPH
	<input type="checkbox"/> WATERCRAFT APPLICATION
	<input type="checkbox"/> SOLID FUEL SUPPLEMENT
	<input type="checkbox"/> LEAD FREE PAINT CERTIFICATION
	<input type="checkbox"/> EARTHQUAKE APPLICATION
	<input type="checkbox"/> HOME BASED BUSINESS SUPP
	<input type="checkbox"/> PROTECTION DEVICE CERTIFICATE
FOR COMPANY USE ONLY	

BINDER/SIGNATURE			
INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	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.	
TIME	12:01 AM	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.	
COVERAGE IS NOT BOUND			

**Notice of Insurance Information Practices**  
 Personal information about you, including information from a credit report, may be collected from persons other than you. 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; In 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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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