

ACORD HOMEOWNER 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	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:			

COVERAGES/LIMITS OF LIABILITY							DED (Type & Amount)	
HO 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	
				\$	

PAYMENT PLAN <input type="checkbox"/> ACORD 610 Attached (NOT APPLICABLE IN NC)		MAIL POLICY TO:	
ACCOUNT #:	BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
	<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER:
		<input type="checkbox"/> OTHER:	<input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER:

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

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)				RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?		
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?					16. IS THERE A SECURITY ATTENDANT?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?				17. IS THE BUILDING ENTRANCE LOCKED?			
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO				20. IS HOUSE FOR SALE?			
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			
9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? (Note breed and bite history)				22. IS THERE A TRAMPOLINE ON THE PREMISES?			
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?			
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				24. ANY LEAD PAINT HAZARD?			
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				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)			
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (IF APPLICABLE)							

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

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: 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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
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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