| Ą | ć | PR | D ® | | | | | DV | ۷E | LLIN | IG F | IF | RE | ΑP | P | LIC | CA | ΓΙΟΝ | 1 | | | | | DAT | E (MM/ | DD/YY | YYY) |
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| AGENO | CY | P | HONE VC. No | . Ext |): | | | | | | APPLICA | NT'S | NAME | AND MA | ILING | G ADDR | ESS (In | clude coun | ty & ZIF | P+4) | | | | | | | |
| (A/C, No, Ext): FAX (A/C, No): | | | | | | NAIC CODE POLICY # | | | | | | | | | | ODE | FACILITY CODE | | | | | | | | | | |
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| AGENO | CY CU | STON | IER ID | | | | | | | | | | | | | | | | | | | | | | | | EVE |
| APPI | LICA | NT | INFO | RM | ATION | | | | | | | | | • | | | | • | | | | | | | | | |
| PREVIO | OUS A | DDRE | ESS (If | less | than 3 ye | ars) | | | | | | P | S AT REV DDR | LOCATI | ION C | OF PROF | PERTY I | F DIFF FRO | OM ABC | OVE (Inc | county | ∙ & Z | IP) | | | | |
| APPLICANT'S OCCUPATION (State nature of business if self-employed) APPLICANT'S EMPLOYER NA | | | | | | | | ME AND A | DDR | ESS | | CL | EARS IN URR OCC | YEARS CURR EN | W/ YEARS WIPL PRIOR EM | W MA PL STA | R C | DATE OF | F BIF | RTH | SO | CIAL SI | CUR | TY# | | | |
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| CO-APPLICANT'S OCCUPATION (State nature of business if self-employed) CO-APPLICANT'S EMPLOYER | | | | | | | | R NAME AN | D A | DDRESS | 5 | CL | EARS IN URR OCC | YEARS CURR EN | W/ YEARS W | W MA PL STA | R C | DATE OF | F BIF | RTH | soc | IAL SE | CURI | ΓΥ # | | | |
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| | | | | | KNOWN | | | ICANT? | | | | _ | \perp | DATE | AGE | NT LA | ST INS | SPECTED | PROF | PERTY | / : | | | | | | |
| | | GES | | | OF LI | ABILIT | | | IRE | | E & EC | | , EC & V | | | BRO | | | | CIAL | _ | | MIUM | | | | |
| POLIC TYPI | | | DWE | LLIN | G | ST | | | | | ONAL ERTY | \$ | ENTAL VALUE | | | PERSONA LIABILIT | | | | MEDICAL PAYMENTS | | EST TOTAL PREMIUM \$ | | | | | |
| | | | | | | | | | | | | | | TIONAL EXPENSI | | ISE | ACH OC | CURRENC | | EACH F | PERSON | ' ├ | DEPOSIT \$ | | | | |
| DED | | \$ | | | | \$ | | | \$ | | | | \$ | | | \$ | - 1 | NAME | \$ =D | | | _ | BALAI | NCE | \$ | | |
| (Type 8 | | | | | PERIL | | | | WIND/I | HAIL | | | THE | FT | | | | | D RICANE Appli o | | in NC | | | | | | |
| PAY! | | | _AN | | ACC | ORD 61 | 10 <i>A</i> | Attach | ed (N | OT APP | LICABL | E II | N NC) |) | | | | | | | | MAIL | POLIC | CY TO: | | | |
| BILLIN | G | | | IF | DIRECT E | BILL: | | | | IF A | APPLICANT BILL: | | | | | | | | | AGENT | | | | | | | |
| DIRECT BILL | | | | BILL APPLICANT | | | | | | | | | FULL PAY | | | | | | APPLICANT | | | | | | | | |
| | AGEN | CY BI | LL | | BILL M | IORTGAG | SEE | | | | | | | | | | | | | | | | | | | | |
| RATI | NG/I | JND | ERW | /RI | ΓING | | | | | | | | | | | | | | | | | | | | | | |
| | RAME | - 1 | _ | | IOME SIDING | YR BUII | LT | # ROOM | | MARKET V | ALUE | STR | 1 | URE TYPE | | | USAGE TYPE | | | | ARM | | # FAM- ILIES | # HSEHLD RES | | URCH ATE/P | |
| — м | ASON ASON ENEE! | RY | | | NUM | SQ FT | г | # APTS | \$ RE | PLACEMEN | NT COST | | DWELI APART | | | | | | RY IDARY | _ | COC COMP. DATE: | | | | | | |
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| DIVS | FIR | E DIV | <u> </u> | | | | | HYD | RANT | STATION | SYSTEM | 1 S | MOKE | TEMP | P BL | JRGLAR | PRIM | ARY: | | | | F | PLUMB | ING | | | |
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| r | IRE/E | KAI | _ | | | FIKE DIS | IRIC | T/CODE I | NUMBE | ĸ | DIRECT | + | | | | | · ' | HOUSEKEE | PING C | ONDITI | ION | | ROOFIN | | | | |
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| LAST S | SERVI | CED | | | (ELEC S | SYST) | CIRC | Г | | | | | | INUM W | | | ONDITIO | N | AN | 1 | VN LEAI | | \vdash | | ` - | ┪ | OSED |
| DWELL | ING L | OCA | TION | 00 | CUPANO | · · · | | YES | NC | | | VO TOR | | ŒS NK LOC | | 10 | SWIMM | ING POOL | | YES | + | NO WINI | | OPEN M LOSS | MITIG | | NE |
| ١ ١ | WITHII | N | | | ٦ | | l . . | - | | ADBOLT | INDOORS | | 102 17 | | TDOC | | | ا PPROVED | | | | | TURES | | | | |
| ١ | CITY L WITHII | V | 3 | | OWNE | | 1 | occ | VIS | RE EXT SIBLE TO | ABC | VE G | ROUND | ON _ | ПАВО | OVE | 1 | ENCE | | ABOVE | ≣ | | | | | | |
| FIRE DIST WITHIN PROT | | | \vdash | _ TENAN | N I | y VA | /ACANT NEIGHBORS | | | MASONRY FLOO | | | NOT BELOW | | | BOARD SLIDE | | | GROUI | | | | | | | | |
| BLDG CODE INSPECTEDS | | | D? TAX CODE | | | RATING OC | | | осси | PIED DAILY | | # WKS | | GROUND WIND CLASS | | SEMI- P | | | OOF MATERIAL | | | CONDITION OF ROOF | | | | | |
| GRADE HOLEGIED | | | | ٦ | | | CLASS | | | ES NO | | RENTE | ENTED | | ⊢ Ri | | RESISTIVE | SISTIVE | | | | SCADITION OF | | | | | |
| IF REPLACEMENT COST A | | | | | NO APPLIES, ACORD 42 | | | | | EC \ | | | L TING C | IG CREDITS | | MA | | OTHER S | | RINKLE | R | FIREPLACES (Enter Num | | | r Numl | er) | |
| BASEMENT COST APPL | | | | | =, 7.0 | GARAG | | | | | | | | N-SMOK | | | REMISES | <u> </u> | ¬ ⊢ | | | _ ` | | | RE-FA | В | |
| SQ FT SQ FT | | | | | | SQ FT | HTNING OTECTION | ; | IHEFT EXCL | | | | FARTIAL | | | HEAR | WOOD STOVE | | | | | | | | | | |
| PRIO | R C | OVE | RAG | Έ | | | | | | | | | | | | | | | | | | | | | | | |
| PRIOR | CARR | IER | | | | | | | | | | | | PRIOR I | POLIC | CY NUM | BER | | | | | | | | EXPIR | ATION | DATE |

| GENERAL INFO | ESPONSES IN REMARK | (S | | YES | NO | EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17) | ES N | | | | |
|-----------------------------------|--|--|---|--|------------------------------------|--|-------------|--|--|--|--|
| | OR OTHER BUSIN hild care) If "Yes", li | | ONDUCTED ON PREMISES? | | | 14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR | | | | | |
| ANY RESIDENT | | si gius | ο τεσειρίο. ψ | | | CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, | | | | | |
| | pe of full and part tin | | · · | _ | | ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | HAZARD, LANDSLIDE, ETC? | _ | | the existence of an arson conviction is a misdemeanor punishable by a | | | | | |
| | | <u>, </u> | UPIED OR RENTED? | | | sentence of up to one (1) year of imprisonment.) | _ | | | | |
| | | | MPANY? (List policy numbers) | + | | RENTERS AND 15. IS THERE A MANAGER ON THE PREMISES? | + | | | | |
| | CE BEEN TRANSFE | | D OR NON-RENEWED | | | CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT? | _ | | | | |
| | AST 3 YEARS? (No | | | | | 17. IS THE BUILDING ENTRANCE LOCKED? 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? | + | | | | |
| | NT HAD A FORECLO , JUDGEMENT OR I | | , REPOSSESSION, URING THE PAST FIVE | | | IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value) | | | | | |
| 9. ARE THERE AN | NY ANIMALS OR EX | OTIC | PETS KEPT ON | | | 20. IS HOUSE FOR SALE? | \perp | | | | |
| | ote breed and bite h | istory) | | | | 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? | | | | | |
| 0. DISTANCE TO | | OF THE | Miles Feet | | | 22. IS THERE A TRAMPOLINE ON THE PREMISES? | \top | | | | |
| (If yes, describe | SITUATED ON MOF land use) | KE IHA | AN FIVE ACRES? | | | 23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A | \top | | | | |
| | ANT OWN ANY REC | | | | | PRIVATE RESIDENCE AND THEN CONVERTED? 24. ANY LEAD PAINT HAZARD? | + | | | | |
| (SNOW MOBIL (List year, type, | | , MINI | BIKES, ATVS, ETC)? | | | 24. ANY LEAD PAINT HAZARD? 25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE | + | | | | |
| | | EARTH | HQUAKE? (If applicable) | | | BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit) | | | | | |
| | | | | | | 26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? | | | | | |
| OSS HISTORY | ANY LOSSES, THE LAST | | HER OR NOT PAID BY INSURANCE, D RS, AT THIS OR AT ANY OTHER LOC | | | YES NO IF YES, INDICATE BELOW APPLICANT'S INITIALS: | | | | | |
| DATE | TYPE | DESC | CRIPTION OF LOSS | | | CAT # AMOUNT | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ADDITIONAL IN | | | | | | _ | | | | | |
| INT # MORTG'E | NAME AND ADDRES | SS | | | | LOAN NUMBER | | | | | |
| ADDL INT | T | | | | | | | | | | |
| | | | | | | | | | | | |
| REMARKS (Atta | ch Additional Sh | eets i | f More Space is Required) | | | | — | | | | |
| | | | | | | | | | | | |
| ATTACHMENTS | | | PHOTOGRAPH | | | RECREATIONAL VEHICLE APP | - | | | | |
| | ENT(S) (If applicable) | | SOLID FUEL SUPPLEMENT | | | WATERCRAFT APPLICATION | | | | | |
| INLAND MARINE | APPLICATION | | PROTECTION DEVICE CERTIFICATION | TE | | LEAD FREE PAINT CERTIFICATION | | | | | |
| REPLACEMENT C | OST ESTIMATE | | PERS EXCESS/UMBRELLA APP | | | HOME BASED BUSINESS SUPP | | | | | |
| BINDER/SIGNAT | URE | | • | | | | | | | | |
| INSURANC | E BINDER | | | | | LETED, THE FOLLOWING CONDITIONS APPLY: | | | | | |
| EFFECTIVE DATE | EXPIRATION DATE | | | | | SURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJ ONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. | ECT | | | | |
| | | THIS | BINDER MAY BE CANCELLED | BY T | THE | INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO | | | | | |
| TIME | 12:01 AM | BY N | OTICE TO THE INSURED IN | WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMP ANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED W | /HEN | | | | | | |
| | NOON | | | | | S NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARG THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIU | | | | | |
| COVERAGE IS N | | SUBJ | ECT TO VERIFICATION AND AL | DJUS | TME | NT, WHEN NECESSARY, BY THE COMPANY. | | | | | |
| | DLORADO: THE INS INSURANCE POLI | | HAS THIRTY (30) BUSINESS | DAYS | s, C0 | DMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE | IHE | | | | |
| | | | CLUDING INFORMATION FROM | ЛАС | RED | IT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERS | ONS | | | | |
| | | | | | | AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION | | | | | |
| | | | | | | OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO TH 'BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR | | | | | |
| | | | | | | ION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT RECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YO | | | | | |
| RIGHTS AND OUR | | | | | | PON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS | | | | | |
| Copy of the Notic | e of Information Prac | tices (F | Privacy) has been given to the app | licant | . (No | t applicable in all states; consult your agent or broker for your state's requirements.) | | | | | |
| | | | | | | E COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMAT | | | | | |
| CONCERNING ANY | FACT MATERIAL | THERE | TO, COMMITS A FRAUDULEN | T INS | URA | NCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL. | AND | | | | |
| CONCERNING ANY | FACT MATERIAL CIVIL PENALTIES FEMENT: I HAVE COMPLE | THERE . (Not a READ TE AN | TO, COMMITS A FRAUDULENTAPPlicable in CO, HI, MA, OH, OF THE ABOVE APPLICATION AND CORRECT TO THE BEST | T INS K, OR AND A OF N | OR V Or V ANY MY k | NCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL. T; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.) ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TO CONTROL OF THE PERSON TO CRIMINAL THE INFORMATION IS BEING OFFERED TO | RUE | | | | |
| CONCERNING ANY NY: SUBSTANTIAL | / FACT MATERIAL] CIVIL PENALTIES [EMENT: I HAVE COMPLE COMPAI | THERE . (Not a READ TE AN | TO, COMMITS A FRAUDULENTAPPLICABLE IN CO, HI, MA, OH, ON THE ABOVE APPLICATION A | T INS K, OR AND A OF M HE PC | ORA Or V ANY MY K OLIC | NCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL. T; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.) ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TO CONTROL OF THE PERSON TO CRIMINAL THE INFORMATION IS BEING OFFERED TO | RUE, THE | | | | |