ACORD® HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY | PHONE (A/C, No, Ext): | FAX (A/C, No):

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

NAIC CODE | FACILITY CODE

POLICY #

DATE AT CURR RES | CO/PLAN | HOME PHONE # | DAY / EVE

CODE: SUBCODE:

AGENCY CUSTOMER ID

EFFECTIVE DATE | EXPIRATION DATE | BUSINESS PHONE # | DAY / EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years) | YRS AT PREV ADDR | LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)

		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS						
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS						

HOW LONG HAVE YOU KNOWN THE APPLICANT?

DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY

PREMIUM

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON
	$	$	$	$	$	$

EST TOTAL PREMIUM $

DEPOSIT $

BALANCE $

DED (Type & Amount) | ALL PERIL | WIND/HAIL | THEFT | NAMED HURRICANE *

* Not Applicable in NC

ENDORSEMENTS

REPLACEMENT COST DWELLING | REPLACEMENT COST CONTENTS | ENTER OTHER ENDORSEMENT(S):

PAYMENT PLAN

ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:

MAIL POLICY TO: AGENT / APPLICANT

BILLING: DIRECT BILL / AGENCY BILL

IF DIRECT BILL: BILL APPLICANT / BILL MORTGAGEE

IF APPLICANT BILL: FULL PAY

RATING/UNDERWRITING

FRAME / MASONRY / MASONRY VENEER / FIRE RES | MFG HOME / VINYL SIDING / ALUMINUM SIDING

YR BUILT | SQ FT | # ROOMS | # APTS | MARKET VALUE $ REPLACEMENT COST $

STRUCTURE TYPE: DWELLING / APART / CONDO / TOWNHOUSE / ROWHOUSE / CO-OP

USAGE TYPE: PRIMARY / SECONDARY / SEASONAL / FARM / COC / COMP. DATE:

FAM-ILIES | # HSEHLD RES | PURCHASE DATE/PRICE

NUMBER OF FIRE DIVS | NUMBER OF UNITS IN FIRE DIV | TERR CODE | PREM GROUP | PROTECT CLASS | DISTANCE TO HYDRANT FT | DISTANCE TO FIRE STATION MI

FIRE/EC RATE | FIRE DISTRICT/CODE NUMBER

PROTECTION DEVICE TYPE

SYSTEM	SMOKE	TEMP	BURGLAR
CENTRAL			
DIRECT			
LOCAL			

HEAT TYPE: NONE

PRIMARY:

SECONDARY:

HOUSEKEEPING CONDITION

RENOVATION TYPE | PART | COMP | YEAR

WIRING / PLUMBING / HEATING / ROOFING / EXTERIOR PAINT

DATE HEATING SYSTEM LAST SERVICED | NUM OF AMPS (ELEC SYST) | CIRCUIT BREAKERS YES / NO | FUSES YES / NO | KNOB & TUBE OR ALUMINUM WIRING YES / NO | PLUMBING SYSTEM CONDITION | PLUMBING SYSTEM ANY KNOWN LEAKS YES / NO | FOUNDATION OPEN / CLOSED / NONE

DWELLING LOCATION: WITHIN CITY LIMITS / WITHIN FIRE DIST / WITHIN PROT SUBURB

OCCUPANCY: OWNER / TENANT / UNOCC / VACANT

DEADBOLT | FIRE EXT | VISIBLE TO NEIGHBORS

OIL STORAGE TANK LOCATION: INDOORS (ABOVE GROUND ON MASONRY FLOOR / ABOVE GROUND NOT ON MASONRY FLOOR) OUTDOORS (ABOVE GROUND / BELOW GROUND)

SWIMMING POOL YES / NO: APPROVED FENCE / DIVING BOARD / SLIDE / ABOVE GROUND / IN-GROUND

WINDSTORM LOSS MITIGATION FEATURES

BLDG CODE GRADE | INSPECTED? YES / NO | TAX CODE | RATING CLASS / SPEC | OCCUPIED DAILY? YES / NO | # WKS RENTED | WIND CLASS RESISTIVE / SEMI-RESISTIVE / OTHER

ROOF MATERIAL | CONDITION OF ROOF

IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:

RATING CREDITS: NON-SMOKER / LIGHTNING PROTECTION

MANNED SECURITY / OFF PREMISES THEFT EXCL

SPRINKLER: PARTIAL / FULL

FIREPLACES (Enter Number): CHIMNEYS / HEARTHS / PRE-FAB / WOOD STOVE INSERT

BASEMENT	GARAGE	BREEZEWAY
SQ FT	SQ FT	SQ FT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

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