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PAYME  ACCOUNT  BILLING  DIR  AGI  FRA  MAS  MAS  VEN  ALU  SIDI  NUMBE  FIRE  DWELLING  WIT  CITT  WIT  EIR  BLDG COLO  BLDG COLO	ENT PL  F#:  ECT BILL  ENCY BIL  G/UND  ME  GONRY  JEER  MINUM  NG  ER OF  UNITS IN  FIRE DIV  F/EC RAT  G LOCAT  THIN  THIN  E DIST  DIE INS  THIS  T	ERWR PL/SID ASE SID FIR TERR CODE	BILL A BI	PRICE DI OCC	NT AGEE  DILT TOTECT LASS  STRICT  OWNI	# ROOMS # APTS DIST HYDRAN T/CODE NUM	MARKET V \$ REPLACEME \$ TANCE TO FT STATION FT M BER  DEADBOLT FIRE EXTING	PRC SYSTEM II CENTRAL DIRECT LOCAL	TRUCTUF  DWEL  APAR  COND  TECTION  SMOKE	FULL PA OTHER: O	TOWNHO CO-OP  YPE  BURGLAF	HEAT PRIMA SECO OI SWIMMIN POOL APF FEN DIV BO/	PRIMAA SECOI SEASC TYPE IRY: NDARY: L STORAG IGE IGE IGE IGE IGE IGE IGE IGE IGE IG	NDARY DNAL GE TANI	NO N	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	MAII	L POLIC AGEN APPLI OTHE #FAM- ILIES RENOV. WIRING PLUMB HEATIN ROOFIN EXTER RM SHI YES NO	DEPO BALAN  CY TO:  T CANT R:  HSEHLD RES  ATION TY  ING IG OR PAIN JITTERS  A	FDD T	PURCATE A	COMP	YEAR YES NO		
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PAYME  ACCOUNT  BILLING  DIR  AGI  FRA  MAS  MAS  VEN  ALU  SIDI  NUMBE  FIRE  DWELLING  WIT  CITT  WIT  EIR  BLDG COLO  BLDG COLO	ENT PL  F#:  EECT BILL  ENCY BIL  G/UND  ME  GONRY  JEER  MINUM  ING  ER OF  UNITS IN  FIRE DIV  E/EC RAT  G LOCAT  THIN  Y LIMITS  THIN  E DIST  DE INS	ERWR PL/SID ASID FIR TERR CODE	BILL A BI	PRICE DI OCC	OWNI TENA	# ROOMS # APTS DIST HYDRAM DIS	MARKET V \$ REPLACEME \$ ANCE TO STATION FT N BER  DEADBOLT FIRE EXTINGS	PRODUCT LOCAL  UISHER HO  PRODUCT LOCAL  PIED DAILY?  YES RA	TRUCTUE  DWEL  APAR  COND  TECTION  SMOKE  VISIBLE  USEKEEF  #WK RENTI O	RETYPE OTHER:  RETYPE LING O DEVICE T TEMP  TO NEIGHPING CONI	TOWNHO ROWHOU CO-OP YPE BURGLAF DITION CLASS RESISTIVE MANN SECU	HEAT R PRIMA SECO OI  SEVIMMINI POOL APP FEN DIV BO OCE ED CO ED C	PRIMA SECOI SEASC TYPE IRY: NDARY: L STORAG NG PROVED ICE INIG ARD ESISTIVE DTHER EG PRO G PROVED G PR	DNAL  GE TANI  ROOF	NO N	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	MAII	EST  AGEN APPLI OTHE #FAM-ILIES  RENOV. WIRING PLUMB HEATIN ROOFIN ROOFIN RW SHI YES NO FOL	DEPO  BALAN  CYTO:  T CANT R:  HSEHLD RES  ATION TY  SING G OR PAIN JITTERS  OPE CES	PE P HUFFRES GLANN	PURC ART C	CLO	YEAR  YES  NO SED  IE		
PAYME  ACCOUNT  BILLING  DIR  AGI  FRA  MAS  VEN  ALU  SIDI  NUMBE  FIRE  DWELLIN  CIT  FIRE  BLDG COD  GRADE	ENT PL  F#:  EECT BILL  ENCY BIL  G/UND  ME  GONRY  JEER  MINUM  ING  ER OF  UNITS IN  FIRE DIV  E/EC RAT  G LOCAT  THIN  Y LIMITS  THIN  E DIST  DE INS	ERWR SID FIR CODE	BILL A BI	PRICA PRICA SQ I PRICA OCC OT ODE	DTECT LASS  STRICT  OWNITE  TENA  RATIN  C	# ROOMS # APTS DIST HYDRAM DIS	MARKET V \$ REPLACEME \$ TANCE TO FT STATION FT N BER  DEADBOLT FIRE EXTING	PIED DAILY?  YES NATOOST  PRO SYSTEM II CENTRAL DIRECT LOCAL  PIED DAILY? YES NA	DWEL APAR COND SMOKE  VISIBLE USEKEEF	PPLICAN FULL PA OTHER: OTHER: OTHER: TO NEIGH PING CONI SED WIND OTHER:	TOWNHO ROWHOLD CO-OP STATE OF THE STATE OF T	HEAT PRIMA SECO OI  SWIMMIN POOL APFEN DIV BOV BOV ED	PRIMA SECOI SEASC TYPE IRY: NDARY: L STORAG NG PROVED ICE INIG ARD ESISTIVE DTHER EG PRO G PROVED G PR	NDARY DNAL YES ROOF	ABOVE GROUNIN-GRO	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	C C STO	L POLIC AGEN APPLI OTHE #FAM-ILIES RENOV. WIRING PLUMB HEATIN ROOFIN EXTERRM SHI YES NO FOL	DEPO BALAN  EY TO:  T CANT R:  HSEHLD RES  ATION TY G ING IG OR PAIN JITTERS  A B JINDATIO OPE	PE P HUFFRES GLANN	PURC ART C	CLO	YEAR  YES  NO SED  IE		

## **GENERAL INFORMATION** EXPLAIN ALL "YES" RESPONSES IN REMARKS EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17) YES NO 14 DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND) 1 ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care) HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees conviction is a misdemeanor punishable by a sentence of up to one 3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC? year of imprisonment.) 4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? 15. IS THERE A MANAGER ON THE PREMISES? **RENTERS AND** 5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 16. IS THERE A SECURITY ATTENDANT? CONDOS ONLY: 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? 17. IS THE BUILDING ENTRANCE LOCKED? ANY COVERAGE DECLINED. CANCELLED OR NON-RENEWED 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR (Give estimated completion date and dollar value) BANKRUPTCY DURING THE PAST FIVE YEARS? 20. IS HOUSE FOR SALE? 9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? 21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR (Note breed and bite history) NON-RESIDENTIAL PROPERTY? 10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER? 22. IS THERE A TRAMPOLINE ON THE PREMISES? 11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use) WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A DOES APPLICANT OWN ANY RECREATIONAL VEHICLES PRIVATE RESIDENCE AND THEN CONVERTED? (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? 24. ANY LEAD PAINT HAZARD? (List year, type, make, model) IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN 13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable) OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit) APPLICANT'S INITIALS: ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION? **LOSS HISTORY** IF YES, INDICATE BELOW DATE DESCRIPTION OF LOSS AMOUNT TVPF PRIOR COVERAGE PRIOR CARRIER PRIOR POLICY NUMBER **EXPIRATION DATE RISK NEW TO AGENCY** YES NO ADDITIONAL INTEREST MORTG'E | NAME AND ADDRESS LOAN NUMBER INT# ADDL INT MORTG'E NAME AND ADDRESS INT# LOAN NUMBER ADDL INT **REMARKS** ATTACHMENTS STATE SUPPLEMENT(S)(If applicable) PROTECTION DEVICE CERTIFICATE PERS EXCESS/UMBRELLA APP INLAND MARINE APPLICATION REPLACEMENT COST ESTIMATE RECREATIONAL VEHICLE APP **PHOTOGRAPH** WATERCRAFT APPLICATION SOLID FUEL SUPPLEMENT LEAD FREE PAINT CERTIFICATION **EARTHQUAKE APPLICATION** HOME BASED BUSINESS SUPP FOR COMPANY USE ONLY BINDER/SIGNATURE IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: INSURANCE BINDER THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT **EFFECTIVE DATE** EXPIRATION DATE 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 TIME 12:01 AM REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A NOON PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS COVERAGE IS NOT BOUND SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY **Notice of Insurance Information Practices** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. 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, or VT; in DC, LA, 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. DATE APPLICANT'S PRODUCER'S