



1-4 FAMILY DWELLING APPLICATION

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION AND HAVE SIGNED BY THE APPLICANT.

Named Insured: _____
 Mailing Address _____
 Inspection Contact: _____
 Contact Phone Number: _____
 Coverage Desired: _____
 Monoline Liability _____
 Monoline Property _____
 Package _____

Schedule of Locations

Please indicate any owner occupied locations. If that location is a 1 Family Dwelling, it is not eligible for this product

	Street Address	City	State	Zip Code	# of Units	Year Built	Construction	Sq Ft	PC	# of Stories	Annual Seasonal or Timeshare
1											
2											
3											
4											
5											

General Information *Complete for all submissions*

	Prohibited	Eligible
1. Any locations in Alaska or Louisiana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Any locations with swimming pools?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Any owner-occupied one family dwelling locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Any student residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Any government subsidized residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is this a rooming or boarding house? (Any common facilities other than laundry)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Any building with knob and tube or aluminum wiring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do all buildings have 100% of the wiring on circuit breakers with 100 amp service?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9. Are smoke detectors and fire extinguishers in every unit and all common areas?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10. Does any location allow the use of wood stoves, space heaters, or temporary heating devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are there any insurance company loss control recommendations outstanding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Submit	Eligible
12. Any renovations, development plans or other construction activities being performed or proposed during our policy term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please describe any "Yes" answers to #12: _____

13. Loss information for the past 3 years:				
Year	#of Claims	Incurred Amounts		Descriptions
_____	_____	\$ _____		_____
_____	_____	\$ _____		_____
_____	_____	\$ _____		_____

Liability Information

Occurrence Limit : \$100,000 \$300,000 \$500,000 \$1,000,000

	Prohibited	Eligible
1. Are any Professional Services or meals provided to residents (i.e. assistance with daily living)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does any location have security bars on the windows? (see below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do they have safety release mechanisms from the inside?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Are all locks re-keyed prior to leasing to new tenants?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. For 2-4 family dwelling locations that are over 2 stories, is there an outside fire escape?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

	Prohibited	Home Office Eligible	WebQuote Eligible	Hit Zone Eligible
5. Total number of locations	>100	1-100	1-25	1-5
6. Number of stories	>4	1-4	1-4	1-3
7. Total number of GL losses in the past 3 years	>1	1	0	0

Property Information

Not Applicable

Please Note: * All locations within our restricted Coastal territories must exclude Wind & Hail.
 Please contact your Underwriter for clarification or a copy of our Coastal Guidelines.
 * All Personal Lines options must exclude theft.

Coverage Option

We can consider 1-4 Family Dwelling submissions requesting Monoline Property and Package quotes for either a Commercial Lines or Personal Lines option. An account is eligible for a Personal Lines option if:

- Applicant is an Individual, Limited or Family Partnership, Trust or Estate
- Schedule is limited to only 1 location
- The Dwelling limit does not exceed \$400,000 (\$200,000 coastal)

If the 3 items above apply, please contact your Underwriter to discuss the benefits of each option

Requested Coverage: Commercial Lines Form Personal Lines Form

Building limit \$ Detached Garage limit \$ Contents limit \$ Loss of income \$

Requested Coinsurance (Commercial Lines Only) 80% 90% 100%

Cause of loss: _____

Basic Special Exclude: Theft Wind & Hail Neither

Property deductible: \$1,00 \$2,50 \$5,000

Type of roof: Composite Shingles Flat Tar & Gravel Metal Tile Slate

Age of roof _____ Electrical update _____ Plumbing update _____ Heating update _____

Special Form Requirements

	<u>Eligible</u>	<u>Basic Only</u>
- Heating System less than 20 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Plumbing System is copper or PVC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Electrical System is less than 35 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Roofing has been replaced or recoated within the past 10 years for shingle, 20 years for metal, 25 years for tile or 50 years for slate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- | | <u>Prohibited</u> | <u>Eligible</u> |
|---|------------------------------|------------------------------|
| 1. Any locations in Alabama, Hawaii, Kentucky, Mississippi, Tennessee, or West Virginia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the property in Protection Class 9 or 10? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any locations occupied on a seasonal or a timeshare basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any locations that are mobile homes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Any 1 or 2 family dwellings currently vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6. Any 3 or 4 family dwellings with an occupancy rate below 50%? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has the roof been recoated or replaced within the past 25 years for shingle or composite, 40 years for metal, 50 years for tile, 100 years for slate | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Continue for the Commercial Lines option only:

- | | | |
|---|------------------------------|-----------------------------|
| 8. Are the values at any single location over \$500,000 or \$250,000 coastal zones? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does the applicant have tax liens on any property or filed for bankruptcy in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. If California, is the Insured an individual or husband & wife? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files and 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 may subject such person to criminal and/or civil penalties and other sanctions

The State of New York requires that we have the Name and Address of your (Insured's) authorized Agent or Broker.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED APPLICATION
THROUGH LOCAL AGENT
OR BROKER TO:

APPLICANT'S SIGNATURE: _____

DATE: _____