



DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			NAIC CODE	FACILITY CODE
	FAX (A/C, No):				POLICY #	
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #		DAY
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #		EVE

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

POLICY TYPE	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	RENTAL VALUE	PERSONAL LIABILITY	MEDICAL PAYMENTS	EST TOTAL PREMIUM
	\$	\$	\$	\$	EACH OCCURRENCE	EACH PERSON	\$
				ADDITIONAL EXPENSE			DEPOSIT
				\$			\$
DED (Type & Amount)	ALL PERIL	WIND/HAIL	THEFT	NAMED HURRICANE *			BALANCE
							\$

ENDORSEMENTS

* Not Applicable in NC

PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:	MAIL POLICY TO:		
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	AGENT
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> APPLICANT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE		

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	VINYL SIDING			\$	DWELLING	PRIMARY				
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:			
FIRE RES				\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	WIRING		
				FT	MI	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:
						CENTRAL				SECONDARY:
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER					DIRECT				HOUSEKEEPING CONDITION
						LOCAL				ROOFING
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION			CLOSED
		YES	NO	YES	NO	YES	NO	OPEN		NONE
DWELLING LOCATION	OCCUPANCY	DEADBOLT	FIRE EXT	INDOORS	OUTDOORS	SWIMMING POOL	APPROVED FENCE			WINDSTORM LOSS MITIGATION FEATURES
WITHIN CITY LIMITS	OWNER	UNOCC	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	BELOW GROUND		DIVING BOARD			ABOVE GROUND IN - GROUND
WITHIN FIRE DIST	TENANT	VACANT		ABOVE GROUND NOT ON MASONRY FLOOR	BELOW GROUND		SLIDE			
WITHIN PROT SUBURB										
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL		CONDITION OF ROOF
	YES	NO	CLASS	SPEC	YES	NO	OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:							MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)	
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER					PARTIAL	CHIMNEYS	PRE-FAB
SQ FT	SQ FT	SQ FT	LIGHTNING PROTECTION					FULL	HEARTHES	WOOD STOVE INSERT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
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