

PART I - APPLICANT INFORMATION AND AGENCY INFORMATION

INSURED	LOCATION OF PROPERTY		
	CITY	STATE	ZIP CODE
APPLICANT IS: OWNER-OCCUPANT <input type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER <input type="checkbox"/>			
AGENCY NAME		AGENCY CODE	POLICY NUMBER
		-	-

MICROFILM AREA - DO NOT USE

UNDERWRITING INFORMATION (If the answer to any of the following questions is "yes," complete the appropriate section in PART II.)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Has this property been under the ownership of the applicant for less than 3 years?
<input type="checkbox"/>	<input type="checkbox"/>	Is the applicant other than an individual or sole proprietorship?
<input type="checkbox"/>	<input type="checkbox"/>	Are any mortgage payments (building or contents) overdue by 3 months or more?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any tax liens against the property or business?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any taxes unpaid or overdue for 1 year or more?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any current violations of fire safety, health, building, or construction codes at this location?
<input type="checkbox"/>	<input type="checkbox"/>	Has anyone with a financial interest in this property been convicted for arson, fraud, or other crime related to loss on property owned now or during the last 5 years?
<input type="checkbox"/>	<input type="checkbox"/>	Is the mortgagee other than a federal or state chartered lending institution?
<input type="checkbox"/>	<input type="checkbox"/>	Have there been losses during the past 5 years exceeding \$1,000 in damage to this property or to any property in which anyone with a financial interest in this property had an equity interest or held a mortgage (except federal or state chartered lending institutions)?
<input type="checkbox"/>	<input type="checkbox"/>	Is any portion of the building unoccupied or vacant?
<input type="checkbox"/>	<input type="checkbox"/>	Is any portion of the building expected to be unoccupied or vacant during policy period?
<input type="checkbox"/>	<input type="checkbox"/>	Has any coverage or policy on this property been declined, cancelled, or non-renewed in the last 3 years?
<input type="checkbox"/>	<input type="checkbox"/>	Is there any other insurance in force or to be secured on this property?
<input type="checkbox"/>	<input type="checkbox"/>	If the property is commercial, is more than 10% of rentable space vacant, unoccupied or seasonal?
<input type="checkbox"/>	<input type="checkbox"/>	If the property is residential, are 5% or more of the apartments vacant, unoccupied or seasonal?
<input type="checkbox"/>	<input type="checkbox"/>	Is the water, sewage, electricity or heat out of service?

VALUATION (This information helps to explain the amount of insurance selected at the time of application, but does not determine the value at the time of loss.)

PURCHASE INFORMATION: DATE _____ PRICE \$ _____ COST OF SUBSEQUENT IMPROVEMENTS \$ _____		
DATES AND SELLING PRICES OF THE PROPERTY IN REAL ESTATE TRANSACTIONS INVOLVING THE PROPERTY IN THE LAST THREE YEARS		
DATE: _____	PRICE: \$ _____	
DATE: _____	PRICE: \$ _____	
ESTIMATED REPLACEMENT COST \$ _____	ESTIMATED FAIR MARKET VALUE (exclusive of land) \$ _____	AMOUNT OF INSURANCE \$ _____
FOR RENTAL PROPERTIES, INDICATE THE ANNUAL RENTAL INCOME \$ _____		
CHECK THE VALUATION METHOD USED TO ESTABLISH THE AMOUNT OF INSURANCE		WHO DETERMINED THE VALUE? _____ (ATTACH COPY OF ANY APPRAISAL)
<input type="checkbox"/> REPLACEMENT COST	<input type="checkbox"/> REPLACEMENT COST LESS PHYSICAL DEPRECIATION	
<input type="checkbox"/> FAIR MARKET VALUE (exclusive of land)	<input type="checkbox"/> OTHER _____	
OCCUPANCY(S) _____		
Any person who knowingly and with intent to defraud any insurance company or other person files a statement or 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. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of material fact or circumstance shall be grounds to rescind the insurance policy.		
POLICY OR APPLICATION NUMBER	SIGNATURE OF PROPOSED INSURED	TITLE
		DATE
Insured shall notify the insurer, in writing, of any change in the information contained therein, upon renewal or annually, whichever is sooner. Failure to comply may result in rescission of your policy.		

PART II - OWNERSHIP INFORMATION

 List the names and addresses of: (1) *SHAREHOLDERS OF A CORPORATION (2) *PARTNERS, INCLUDING LIMITED PARTNERS (3) *TRUSTEES AND BENEFICIARIES
 *NOTE: List only those possessing an ownership interest of 25% or more, except for closed corporations and beneficiaries where all owners should be listed

NAME	ADDRESS	POSITION	INTEREST %

MORTGAGE PAYMENTS				
MORTGAGEE	DATE DUE	AMOUNT DUE		
LIST ANY OTHER ENCUMBRANCES:				
UNPAID TAXES OR LIENS				
TYPE	DATE DUE	AMOUNT DUE		
CODE VIOLATIONS				
DATE	DESCRIBE			
CONVICTIONS				
DATE	NAME OF PERSON			
DESCRIBE				
UNCHARTERED MORTGAGEES				
NAME				
EXPLANATION				
LOSSES				
LOCATION	DATE	AMOUNT	DESCRIPTION	
VACANCY				
INDICATE SEASONAL PERIOD (IF ANY) WHEN BUILDING IS UNUSED: _____				
FOR APARTMENT BUILDINGS INDICATE: TOTAL UNITS _____ UNOCCUPIED UNITS _____				
FOR OTHER BUILDINGS INDICATE: VACANCY _____ % UNOCCUPANCY _____ %				
FOR ALL BUILDINGS INDICATE THE FOLLOWING:				
REASON FOR VACANCY/UNOCCUPANCY _____				
ANTICIPATED DATE OF OCCUPANCY _____				
IF THE BUILDING IS VACANT OR UNOCCUPIED, INDICATE HOW IT IS PROTECTED FROM UNAUTHORIZED ENTRY: _____				
IS THERE A GOVERNMENTAL ORDER TO VACATE OR DESTROY THE BUILDING OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IS WATER, SEWAGE, ELECTRICITY, OR HEAT OUT OF SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____				
IS THERE UNREPAIRED DAMAGE OR HAVE ITEMS BEEN STRIPPED FROM THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____				
IS THE BUILDING UP FOR SALE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE PUT UP FOR SALE _____				
OTHER POLICIES				
STATUS	DATE	AMOUNT OF INSURANCE	CARRIER	POLICY #
LIST ALL REAL ESTATE TRANSACTIONS DURING LAST 3 YEARS INVOLVING THIS PROPERTY				
DATE	SELLING PRICE	NAME OF SELLER	AMT. OF MORTGAGE	MORTGAGEE
Any person who knowingly and with intent to defraud any insurance company or other person files a statement or 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.				
The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of material fact or circumstance shall be grounds to rescind the insurance policy.				
SIGNATURE OF PROPOSED INSURED		TITLE	DATE	