

ACORD HOMEOWNER APPLICATION

DATE

PRODUCER CODE: AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <table style="width:100%; border: none;"> <tr> <td style="border: none; width:70%;"></td> <td style="border: none; width:15%; text-align: center;">NAIC CODE</td> <td style="border: none; width:15%; text-align: center;">FACILITY CODE</td> </tr> <tr> <td colspan="3" style="border: none; text-align: center;">POLICY #</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="border: none; width:20%; text-align: center;">YRS AT THIS RES</td> <td style="border: none; width:30%; text-align: center;">CO/PLAN</td> <td style="border: none; width:30%; text-align: center;">HOME PHONE #</td> <td style="border: none; width:10%;"></td> <td style="border: none; width:10%; text-align: center;">DAY</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; text-align: center;">EVE</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; text-align: center;">DAY</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; text-align: center;">EVE</td> </tr> </table>		NAIC CODE	FACILITY CODE	POLICY #			YRS AT THIS RES	CO/PLAN	HOME PHONE #		DAY					EVE					DAY					EVE
	NAIC CODE	FACILITY CODE																									
POLICY #																											
YRS AT THIS RES	CO/PLAN	HOME PHONE #		DAY																							
				EVE																							
				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)						
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	<table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: center;">YEARS IN CURR OCC</td> <td style="width:10%; text-align: center;">YEARS W/ CURR EMPL</td> <td style="width:10%; text-align: center;">YEARS W/ PRIOR EMPL</td> <td style="width:10%; text-align: center;">MAR STAT</td> <td style="width:20%; text-align: center;">DATE OF BIRTH</td> <td style="width:30%; text-align: center;">SOCIAL SECURITY #</td> </tr> </table>	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
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	<table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: center;">YEARS IN CURR OCC</td> <td style="width:10%; text-align: center;">YEARS W/ CURR EMPL</td> <td style="width:10%; text-align: center;">YEARS W/ PRIOR EMPL</td> <td style="width:10%; text-align: center;">MAR STAT</td> <td style="width:20%; text-align: center;">DATE OF BIRTH</td> <td style="width:30%; text-align: center;">SOCIAL SECURITY #</td> </tr> </table>	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
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 (Describe all applicable discounts in Remarks)

BASIC COVERAGES	LIMITS OF LIABILITY	PREMIUM CHARGES	OPTIONAL ENDORSEMENTS	LIMITS OF LIABILITY	ADDITIONAL PREMIUMS
DWELLING	\$	\$	DWELLING REPLACEMENT COST		\$
OTHER STRUCTURES	\$	\$ INCL	INFLATION GUARD		\$
PERSONAL PROPERTY	\$	\$ INCL	PERSONAL PROPERTY REPLACEMENT COST	\$	\$
LOSS OF USE	\$	\$ INCL	SCHEDULED PERSONAL PROPERTY	\$ SEE SCHEDULE	\$
PERSONAL LIABILITY (Each Occurrence)	\$	\$ INCL	PERSONAL COMPUTER	\$	\$
MEDICAL PAYMENTS (Each Person)	\$	\$ INCL		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
HO FORM			NAMED HURRICANE	\$	\$
DED:	ALL PERIL		EARTHQUAKE	\$	\$
	WINDSTORM & HAIL			\$	\$
	THEFT			\$	\$
TOTAL PREMIUM FOR BASIC COVERAGES			TOTAL PREMIUM FOR OPTIONAL ENDORSEMENTS		
ESTIMATED TOTAL PREMIUM			DEPOSIT PREMIUM ENCLOSED WITH APPLICATION		

PAYMENT PLAN

ACCOUNT #:	MAIL POLICY TO:						
<table style="width:100%; border: none;"> <tr> <td style="width:30%;">BILLING</td> <td style="width:30%;">IF DIRECT BILL:</td> <td style="width:40%;">IF APPLICANT BILL:</td> </tr> <tr> <td> <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL </td> <td> <input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGEE <input type="checkbox"/> OTHER: </td> <td> <input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER: </td> </tr> </table>	BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGEE <input type="checkbox"/> OTHER:	<input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER:	<input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER:
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:					
<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGEE <input type="checkbox"/> OTHER:	<input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER:					

RATING/UNDERWRITING

FRAME	PLASTIC SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE	
MASONRY	ASBESTOS SIDING			\$	DWELLING	PRIMARY				
MASONRY VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY				
ALUMINUM SIDING				\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	WIRING
UNITS IN FIRE DIV				FT	SYSTEM	FIRE	TEMP	BURGLAR	PRIMARY:	PLUMBING
				MI	CENTRAL				SECONDARY:	HEATING
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER			DIRECT	OIL STORAGE TANK LOCATION					ROOFING
				LOCAL						EXTERIOR PAINT
DWELLING LOCATION		OCCUPIED BY		DEADBOLT	VISIBLE TO NEIGHBORS	SPRINKLER	SWIMMING POOL	YES	NO	STORM SHUTTERS
WITHIN CITY LIMITS	WITHIN PROT SUBURB	OWNER	TENANT	SMOKE DETECTOR	HOUSEKEEPING CONDITION	PARTIAL	APPROVED FENCE DIVING BOARD		ABOVE GROUND	YES A
WITHIN FIRE DIST				FIRE EXTINGUISHER		FULL			IN-GROUND	NO B
BLDG CODE GRADE	TAX CODE	RATING CLASS	SPEC	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION	
				YES	NO	RESISTIVE	OTHER		OPEN	CLOSED
										NONE
IF REPLACEMENT COST APPLIES:										
BASEMENT			GARAGE			BREEZEWAY				
SQ FT			SQ FT			SQ FT				

