



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

Table with 12 columns: Street Address, City, State, Zip Code, # of Units, Year Built, Construction, Sq Ft, PC, # of Stories, Annual Seasonal or Timeshare. Rows 1-5.

General Information Complete for all submissions

- 1. Any locations in Alaska or Louisiana?
2. Any locations with swimming pools?
3. Any owner-occupied one family dwelling locations?
4. Any student residents?
5. Any government subsidized residents?
6. Is this a rooming or boarding house?
7. Any building with knob and tube or aluminum wiring?
8. Do all buildings have 100% of the wiring on circuit breakers with 100 amp service?
9. Are smoke detectors and fire extinguishers in every unit and all common areas?
10. Does any location allow the use of wood stoves, space heaters, or temporary heating devices?
11. Are there any insurance company loss control recommendations outstanding?

- 12. Any renovations, development plans or other construction activities being performed or proposed during our policy term?

Please describe any "Yes" answers to #12:

13. Loss information for the past 3 years:

Table with 4 columns: Year, # of Claims, Incurred Amounts, Descriptions. Rows for years.

Liability Information

Not Applicable

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

- 1. Are any Professional Services or meals provided to residents (i.e. assistance with daily living)?
2. Does any location have security bars on the windows?
3. Are all locks re-keyed prior to leasing to new tenants?
4. For 2-4 family dwelling locations that are over 2 stories, is there an outside fire escape?

Table with 4 columns: Prohibited, Home Office Eligible, WebQuote Eligible, Hit Zone Eligible. Rows 5-7.

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: \$1,000 \$2,500 \$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

| | Eligible | Basic Only |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| - 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 |

- | | Prohibited | Eligible |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 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 INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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: _____