



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

06/08/2017

AGENCY GREAT EAST INSURANCE 69A ISLAND STREET, SUITE 1		CARRIER VERMONT_MUTUAL_INSURANCE_COMPANY		NAIC CODE 26018
KEENE		NH 03431-3529		NAMED INSURED(S) MICHAEL WAGNER TRACY WAGNER
CONTACT NAME: SANDRA PRATT		POLICY NUMBER HO1218333		
PHONE (A/C No, Ext): (603) 352-1810		PLAN 91	FACILITY CODE	EFFECTIVE DATE 06/29/2017
FAX (A/C No): (603) 719-1166		EXPIRATION DATE 06/29/2018		
E-MAIL ADDRESS:				
CODE: 28246	SUBCODE:			
AGENCY CUSTOMER ID:				

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE	TIME	AM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW			PM	
<input type="checkbox"/> POLICY CHANGE	HOW LONG HAVE YOU KNOWN THE APPLICANT			

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) MICHAEL WAGNER			APPLICANT'S MAILING ADDRESS 13 OLD LANDING ROAD		
DATE OF BIRTH 05/17/1959	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable) MARRIED	PEMBROKE MA 02359-1948		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS: WAGNERTRACY@COMCAST.NET		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (781) 829-9670	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL ADDRESS:			
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years):		CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	
APPLICANT'S EMPLOYER NAME AND ADDRESS			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
YRS WITH CURRENT EMPLOYER:			YEARS IN CURRENT OCCUPATION:		YEARS WITH PREVIOUS EMPLOYER:
CO-APPLICANT'S NAME (First, Middle, Last) TRACY WAGNER			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH 08/23/1968	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable) MARRIED			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS: WAGNERTRACY@COMCAST.NET		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (781) 829-9670	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL ADDRESS:			
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
YRS WITH CURRENT EMPLOYER:			YEARS IN CURRENT OCCUPATION:		YEARS WITH PREVIOUS EMPLOYER:

COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 416,500	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 41,650	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$ 291,550	\$	REPL COST - CONTENTS	<input checked="" type="checkbox"/> INCLUDED		\$
LOSS OF USE	\$ 83,300	\$				
ACTUAL LOSS SUSTAINED						
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 500,000	\$	BASE	\$ 1,000	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$ 5,000	\$	WIND / HAIL	\$	%	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	
HO FORM #: HO0003 SPECIAL				\$	%	

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

* Named Storm Percentage Deductible in North Carolina

** Not Applicable in North Carolina

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

