



# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

06/08/2017

AGENCY <b>GREAT EAST INSURANCE</b> 69A ISLAND STREET, SUITE 1		CARRIER <b>VERMONT_MUTUAL_INSURANCE_COMPANY</b>		NAIC CODE 26018
<b>KEENE</b>		NH 03431-3529		NAMED INSURED(S) <b>MICHAEL WAGNER</b> <b>TRACY WAGNER</b>
CONTACT NAME: <b>SANDRA PRATT</b>		POLICY NUMBER <b>HO1218333</b>		
PHONE (A/C No, Ext): <b>(603) 352-1810</b>		PLAN <b>91</b>	FACILITY CODE	EFFECTIVE DATE <b>06/29/2017</b>
FAX (A/C No): <b>(603) 719-1166</b>		EXPIRATION DATE <b>06/29/2018</b>		
E-MAIL ADDRESS:				
CODE: <b>28246</b>	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) <b>MICHAEL WAGNER</b>			APPLICANT'S MAILING ADDRESS <b>13 OLD LANDING ROAD</b>		
DATE OF BIRTH <b>05/17/1959</b>	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable) <b>MARRIED</b>	<b>PEMBROKE MA 02359-1948</b>		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS: <b>WAGNERTRACY@COMCAST.NET</b>		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>(781) 829-9670</b>	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:			DATE AT CURRENT RESIDENCE:		
CO-APPLICANT'S NAME (First, Middle, Last) <b>TRACY WAGNER</b>			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH <b>08/23/1968</b>	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable) <b>MARRIED</b>	YEARS IN CURRENT OCCUPATION:		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			YEARS WITH PREVIOUS EMPLOYER:		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>(781) 829-9670</b>	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS: <b>WAGNERTRACY@COMCAST.NET</b>			
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 #: <b>HO0003 SPECIAL</b>				\$	%	

\* 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

**PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)**

<b>BILLING ACCOUNT #:</b>		<b>DEPOSIT AMOUNT: \$</b>		<b>EST TOTAL PREMIUM: \$ 1,292.00</b>	
<b>BILLING</b>		<b>PAYMENT PLAN</b>		<b>PAYMENT METHOD</b>	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<b>MAIL POLICY TO:</b> <input checked="" type="checkbox"/> AGENT <input checked="" type="checkbox"/> INSURED
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/>	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY				
<b>PAYOR</b>			<b>PREMIUM FINANCED ?</b>		<b>FINANCE COMPANY</b>
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> Y/N		

<b>RATING / UNDERWRITING</b>		<b>LOC #:</b>	
<b>CONSTRUCTION TYPE</b>	<b>%</b>	<b>COURSE OF CONSTRUCTION</b>	<b>HOUSEKEEPING CONDITION</b>
<input checked="" type="checkbox"/> MASONRY VENEER		<input type="checkbox"/> BUILDERS RISK	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
<input checked="" type="checkbox"/> FRAME		<input type="checkbox"/> RENOVATION	<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
<input type="checkbox"/> MASONRY		<input type="checkbox"/> RECONSTRUCTION	<b>PLUMBING CONDITION</b>
			<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
			<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
<b>SIDING</b>	<b>%</b>	<b>OCCUPANCY</b>	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
<input checked="" type="checkbox"/> ALUMINUM SIDING		<input checked="" type="checkbox"/> OWNER	<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
<input type="checkbox"/> STUCCO		<input type="checkbox"/> TENANT	ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>
<input type="checkbox"/> VINYL SIDING / PLASTIC		<input type="checkbox"/> UNOCCUPIED	<b>ROOF CONDITION</b>
<input type="checkbox"/> CEDAR, WOOD, SHINGLE		<input type="checkbox"/> VACANT	<input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE
<input type="checkbox"/> EIFSCB (on cinder block)		<b>RESIDENCE TYPE</b>	<input checked="" type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG
<input type="checkbox"/> EIFSS (on studs)		<input type="checkbox"/> DWELLING	<b>ROOF MATERIAL</b>
		<input type="checkbox"/> APARTMENT	<b>METAL</b>
<b>YEAR EIFS INSTALLED:</b>		<input type="checkbox"/> CONDOMINIUM	<b>DISTANCE TO TIDAL WATER</b>
<input type="checkbox"/> TOWNHOUSE		<input type="checkbox"/> ROWHOUSE	<b>&gt;1,000</b> <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet
<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> CO-OP	<b>PURCHASE PRICE</b>
<input checked="" type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM		<b>PURCHASE DATE</b>
			<b>\$</b>
			<b>06/29/2017</b>
			<b>SECURITY</b>
			<input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS
			<input type="checkbox"/> OCCUPIED DAILY
<b>PROTECTION DEVICE TYPE</b>	<b>DISTANCE TO FIRE HYDRANT</b>		<b>FIRE STATION</b>
<input type="checkbox"/> SYSTEM <input type="checkbox"/> SMOKE <input type="checkbox"/> TEMP <input type="checkbox"/> BURG	<b>1,000 FT</b>		<b>2 MI</b>
<input type="checkbox"/> CENTRAL	<b># FIRE DIVISIONS</b>		<b># UNITS FIRE DIV</b>
<input type="checkbox"/> DIRECT	<b>05</b>		<b>Y/N</b>
<input type="checkbox"/> LOCAL <input checked="" type="checkbox"/>	<b>PROT CLASS</b>		<b>FIRE EXTINGUISHER</b>
<input type="checkbox"/> DOOR LOCK	<b>05</b>		<input type="checkbox"/> Y/N
<input type="checkbox"/> DEADBOLT	<b>TERRITORY</b>		
<input type="checkbox"/> SPRING	<b>034</b>		
<input type="checkbox"/> PARTIAL	<b>FIRE DISTRICT NAME</b>		<b>FIRE DIST CODE</b>
<input type="checkbox"/> FULL	<b>SWANZEY</b>		
	<b>PRIMARY HEAT</b>		<b>SECONDARY HEAT</b>
	<input type="checkbox"/> NONE		<input type="checkbox"/> NONE
	<b>OIL</b>		<b>FIREPLACE</b>
	<b>DATE HEATING SYSTEM LAST SERVICED:</b>		
<b>WIRING</b>	<b>LAST INSPECTED DATE</b>		<b>ELECTRICAL SYSTEMS</b>
<input type="checkbox"/> COPPER			<input checked="" type="checkbox"/> CIRCUIT BREAKERS
<input type="checkbox"/> ALUMINUM			<input type="checkbox"/> FUSES
<input type="checkbox"/> KNOB & TUBE			<b>NUMBER OF AMPS</b>
			<b>200</b>
<b>YEAR BUILT</b>	<b># ROOMS</b>	<b># FAMILIES</b>	<b>RATING CREDITS</b>
<b>1956</b>		<b>1</b>	<input type="checkbox"/> NON-SMOKER
<b>MARKET VALUE</b>	<b># APARTMENTS</b>	<b># HOUSEHOLD RESIDENTS</b>	<input type="checkbox"/> MANNED SECURITY
<b>\$</b>			<input type="checkbox"/> LIGHTNING PROTECTION
<b>REPLACEMENT COST</b>	<b># WEEKS RENTED</b>	<b>TAX CODE</b>	<input type="checkbox"/> OFF PREMISE THEFT EXCL
<b>\$ 416,248</b>			
<b>TOTAL LIVING AREA</b>	<b>BLDG CODE GRADE</b>	<b>SWIMMING POOL</b>	<input type="checkbox"/> NONE <input checked="" type="checkbox"/>
<b>2,542 SQ FT</b>		<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR
<b>BASEMENT AREA</b>	<b>INSPECTED (Y/N):</b>	<input type="checkbox"/> IN GROUND	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR
<b>SQ FT</b>	<input type="checkbox"/>	<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> OUTDOORS ABOVE GROUND
<b>GARAGE AREA</b>	<b>FIREPLACES (Enter # or 0 for none)</b>	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> OUTDOORS BELOW GROUND
<b>SQ FT</b>		<input type="checkbox"/> SLIDE	<b>FUEL LINE LOCATION</b>
<b>BREEZEWAY AREA</b>	<b>CHIMNEYS</b>		<input type="checkbox"/> UNDER GROUND
<b>SQ FT</b>	<b>HEARTHES</b>		<input type="checkbox"/> THROUGH FOUNDATION
<b>SQ FT</b>	<b>PRE-FAB</b>		
	<b>WOOD STOVE INSERT</b>		
			<b>WIND CLASS</b>
			<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE
			<b>WINDSTORM</b>
			<input type="checkbox"/> STORM SHUTTERS
			<input type="checkbox"/> A <input type="checkbox"/> B
			<b>HURRICANE RESISTIVE GLASS</b>

<b>LOCATION SCHEDULE</b>					
<b>LOC #</b>	<b>STREET</b>	<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>	<b>ZIP + 4</b>
	<b>118 EAST SHORE ROAD</b>	<b>SWANZEY</b>	<b>CHESHIRE</b>	<b>NH</b>	<b>03446</b>
<b>PRIOR COVERAGE</b>			<b>NO PRIOR COVERAGE</b>		
<b>PRIOR CARRIER</b>			<b>PRIOR POLICY NUMBER</b>		<b>EXPIRATION DATE</b>
<b>NEW PURCHASE</b>					

<b>LOSS HISTORY</b>		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST <b>5</b> YEARS, AT THIS OR ANY LOCATION?		Y / N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N IF YES, INDICATE BELOW		APPLICANT'S INITIALS:	
<b>LOSS DATE</b>	<b>LOSS TYPE</b>	<b>DESCRIPTION OF LOSS</b>	<b>CAT #</b>	<b>AMOUNT PAID</b>	<b>ENTERED BY (A)GENT (C)OMPANY</b>	<b>IN DISPUTE (Y / N)</b>	
				\$			
				\$			
				\$			
				\$			

**OPTIONAL COVERAGES - ENDORSEMENTS LOC #:**

**AGENCY CUSTOMER ID:** \_\_\_\_\_

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	4 % INCREASE			\$
	LOC #:	TERR:		\$	LOSS ASSESSMENT	LIMIT			\$
ADDITIONAL RESIDENCE RENTED TO OTHERS	LOC #:	TERR:		\$	MINE SUBSIDENCE	LIMIT			\$
	LOC #:	TERR:		\$		PROP DESC:			
	LOC #:	TERR:		\$		REQ INCR CONTENTS	LIMIT		
	LOC #:	TERR:		\$		INCR CONT NOT REQ	MED PAY (Y/N):		
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED			\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	OT. STRUCTS			\$
	LIMIT			\$		TERR:			\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED			\$	OTHER STRUCTURES - INDIVIDUAL STRUC	LIMIT			\$
	LIMIT			\$		STRUCTURE DESC:			\$
BUILDING ORD OR LAW COVERAGE	AGG			\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED			\$
	INCR			\$		LIMIT			\$
BUS PROP AT HOME	<input type="checkbox"/> INCLUDED			\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED			\$
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED			\$	SINK HOLE COLLAPSE	<input type="checkbox"/> INCLUDED			\$
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED			\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED			\$
EARTHQUAKE	% DED			\$		UNSCHEDULED JEWELRY, WATCHES, FURS	AGG		
	TERR:			\$	INCR			\$	
	DED			\$	WATER BACKUP OF SEWERS & DRAINS			\$	
EMPLOYERS LIAB	LIMIT			\$	WATERCRAFT LIABILITY	LIMIT			\$
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC \$			\$	WATERCRAFT PHYSICAL DAMAGE	LIMIT			\$
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED			\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)			\$
FLOOD	BLDG			\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			\$
FUNGUS AND MOLD	EXCL LIABILITY			\$		# OF EMPLOYEES:			\$
GOLF CARTS - LIABILITY	EXCL PROP DAMAGE			\$	GOLF CARTS - LIABILITY	DESCRIPTION:			\$
	PROPERTY LIABILITY			\$					\$
GOLF CARTS - PHYSICAL DAMAGE	LIMIT			\$	GOLF CARTS - LIABILITY	DESCRIPTION:			\$
	LIMIT			\$					\$
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED			\$	IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED			\$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):			\$	INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):			\$
INCR COV C SPECIAL LIAB LIMIT	TOTAL			\$	INCR COV C SPECIAL LIAB LIMIT	TOTAL			\$
	INCR			\$		INCR			\$
ELECTRONIC APP IN AND OUT OF VEHICLE	TOTAL			\$	ELECTRONIC APP IN AND OUT OF VEHICLE	TOTAL			\$
ELECTRONIC APP IN VEHICLE	TOTAL			\$	ELECTRONIC APP IN VEHICLE	TOTAL			\$
GUNS	TOTAL			\$	GUNS	TOTAL			\$
MONEY	TOTAL			\$	MONEY	TOTAL			\$
SECURITIES	TOTAL			\$	SECURITIES	TOTAL			\$
SILVERWARE	TOTAL			\$	SILVERWARE	TOTAL			\$

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N								
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N								
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER						
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N								
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	N								
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	N								
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	N								



**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				N
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				N
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				N

**GENERAL INFORMATION - RESIDENTIAL LOC #:**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N					
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: ____	N				
2. ANY RESIDENCE EMPLOYEES? # FULL TIME:		DESCRIPTION:	# PART TIME:	DESCRIPTION:	N				
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?					N				
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?					N				
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES:		LAND USED FOR:							
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?					N				
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)					N				
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)					N				
9. IS THERE A TRAMPOLINE ON THE PREMISES?					N				
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)									
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?					N				
ORIGINAL OCCUPANCY:									
11. ANY LEAD PAINT?					N				
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)					N				
INSURANCE COMPANY:		LIMIT:	CLEANUP/SUBLIMIT:						
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:									
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?									
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)									
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)					Y				
OWNER'S NAME:									

**GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:**

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:		PHONE (A/C,No):
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

**ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER		
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							ITEM CLASS:	ITEM:
							ITEM DESCRIPTION	
REFERENCE / LOAN #:								

  

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER		
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							ITEM CLASS:	ITEM:
							ITEM DESCRIPTION	
REFERENCE / LOAN #:								

**REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

<input type="checkbox"/> EARTHQUAKE APPLICATION	<input type="checkbox"/> PERSONAL INLAND MARINE SECTION	<input type="checkbox"/> REPLACEMENT COST ESTIMATE	<input type="checkbox"/> WATERCRAFT SECTION
<input type="checkbox"/> FLOOD EXCLUSION NOTICE	<input type="checkbox"/> PERS UMBRELLA APPLICATION SECTION	<input type="checkbox"/> RESIDENCE BASED BUSINESS SUPP	<input type="checkbox"/> WINDSTORM LOSS MITIGATION
<input type="checkbox"/> LEAD FREE PAINT CERTIFICATION	<input type="checkbox"/> PHOTOGRAPH	<input type="checkbox"/> SOLID FUEL SUPPLEMENT	
<input type="checkbox"/> MOBILE HOME SUPPLEMENT	<input type="checkbox"/> PROTECTION DEVICE CERTIFICATE	<input type="checkbox"/> STATE SUPPLEMENT(S) (If applicable)	

**BINDER / NOTICE OF INFORMATION PRACTICES**

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:  THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.  THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN ARIZONA: BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY; APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; APPLICABLE IN MICHIGAN: THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. APPLICABLE IN OKLAHOMA: ALL POLICIES SHALL EXPIRE AT 12:01 AM STANDARD TIME ON THE EXPIRATION DATE STATED IN THE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) SANDRA L PRATT	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



# Homeowners Supplemental Application

## Forms and Endorsements

Form Number	Edition Date	Form Title
HO0446	04/91	INFLATION GUARD
HO0490	04/91	PERSONAL PROPERTY REPLACEMENT COST
HO0448	04/91	OTHER STRUCTURES ( INCREASED LIMITS )
NP9949	11/14	USE OF CREDIT BASED INS SCORES
NHHCE	07/14	HOMEOWNERS COVERAGE ELITE
HOHSB2	09/15	SERVICE LINE COVERAGE
HO2491	01/08	WORKERS COMPENSATION
HOHSB1	11/13	HOME SYSTEM PROTECTION COVERAGE
HO0015	04/91	SPECIAL PERSONAL PROPERTY COVERAGE
NP9953	04/16	FAIR CREDIT REPORTING ACT
HO0433	05/02	LTD. FUNGI, WET OR DRY ROT...

## Discounts/Credits Applied

LOSS FREE CREDIT  
SUPERIOR HOME DISCOUNT  
PROTECTIVE DEVICE CREDIT

## Underwriting Questions

Heating: COMPLETE Year Updated: 1997  
Primary Heat: OIL  
Secondary Heat: FIREPLACE  
Are there any underground oil storage tanks, whether used or not, on premises: NO  
Oil Tank Storage Location: INDOORS ABOVE GROUND NO MASONRY FLOOR

Electrical: COMPLETE Year Updated: 2002  
Circuit Breakers: YES  
Fuses: NO  
Knob & Tube or Aluminum Branch Wiring: NO  
Number of Amps: 200

Plumbing: COMPLETE Year Updated: 2005

Roofing: COMPLETE Year Updated: 2000 Type: METAL Condition: GOOD  
Is the roof flat: NO

Foundation: NONE

Is the home equipped with carbon monoxide detectors: YES Is the home equipped with smoke detectors: YES

Any elevated porches/decks: NO

Are stairs, handrails and porches in good condition: YES

Are there any storage buildings, barns or former barns on the premises: YES  
Description of buildings: 2 PRIOR GUEST HOUSES, ONE SHED AND A POLE BARN/CARPORT

Is the dwelling located on an island or other inaccessible location: NO

Is the home rented at any time: NO

## General Information

Have you ever had insurance with Vermont Mutual: NO

Does the applicant own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATV's, etc.) not scheduled on this policy: NO

Does this applicant or tenant have any animals or exotic pets: NO

## Secondary or Seasonal

Is home occupied at least once every 30 days: YES

Is home accessible to emergency vehicles year-round: YES

Is there snow removal set up for the roof and driveway: YES

Is there a hired caretaker responsible for looking after the property while unoccupied: YES

## Residential

Is property situated on more than 5 acres: NO

Is building undergoing renovation or reconstruction: NO

## Homeowners Supplemental Application

Is the building retrofitted for earthquake: NO

### Optional Coverages

#### ***Other Structures Increased Limits***

Limit	Description
\$25,000	2 PRIOR GUEST HOUSES, 1 SHED AND A CARPORT