

ACORD™ HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY: Walter J. May Ins. Agcy., Inc. 188 Whiting Street Hingham, MA 02043-9840 CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID: _____	PHONE (A/C, No, Ext): 781-749-4310 FAX (A/C, No): _____ APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) DATE AT CURR RES: _____ CO/PLAN: _____ HOME PHONE #: _____ EFFECTIVE DATE: _____ EXPIRATION DATE: _____ BUSINESS PHONE #: _____	NAIC CODE: _____ FACILITY CODE: _____ POLICY #: _____ DAY: _____ EVE: _____ DAY: _____ EVE: _____
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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	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	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

DED (Type & Amount)

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL	WIND/HAIL	THEFT	NAMED HURRICANE *
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____				

ENDORSEMENTS

PREMIUM * Not Applicable in NC

<input type="checkbox"/> REPLACEMENT COST DWELLING <input type="checkbox"/> REPLACEMENT COST CONTENTS ENTER OTHER ENDORSEMENT(S): _____	EST TOTAL PREMIUM: \$ _____ DEPOSIT: \$ _____ BALANCE: \$ _____
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PAYMENT PLAN

ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #: _____ BILLING: <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL <input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGEE <input type="checkbox"/> OTHER: IF DIRECT BILL: _____ IF APPLICANT BILL: <input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER: _____	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER: _____
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RATING/UNDERWRITING

FRAME: _____	MFG HOME: _____	YR BUILT: _____	# ROOMS: _____	MARKET VALUE: \$ _____	STRUCTURE TYPE: _____	USAGE TYPE: _____	FARM: _____	# FAMILIES: _____	# HSEHLD RES: _____	PURCHASE DATE/PRICE: _____	
MASONRY: _____	VINYL SIDING: _____	SQ FT: _____	# APTS: _____	REPLACEMENT COST: \$ _____	DWELLING: _____	PRIMARY: _____	COC: _____	RENOVATION TYPE: PART _____ COMP _____ YEAR _____			
MASONRY VENEER: _____	ALUMINUM SIDING: _____	DISTANCE TO HYDRANT: _____ FT		PROTECTION DEVICE TYPE: _____		HEAT TYPE: _____		WIRING: _____			
FIRE RES: _____	FIRE/EC RATE: _____		FIRE DISTRICT/CODE NUMBER: _____		SMOKE: _____		NONE: _____		PLUMBING: _____		
NUMBER OF FIRE DIVS: _____		TERR CODE: _____	PREM GROUP: _____	PROTECT CLASS: _____	TEMP: _____	SECONDARY: _____		HEATING: _____			
DATE HEATING SYSTEM LAST SERVICED: _____		NUM OF AMPS (ELEC SYST): _____	CIRCUIT BREAKERS: _____	FUSES: _____	BURGLAR: _____	HOUSEKEEPING CONDITION: _____		ROOFING: _____			
DWELLING LOCATION: _____		OCCUPANCY: _____	DEADBOLT: _____	KNOB & TUBE OR ALUMINUM WIRING: _____	PLUMBING SYSTEM CONDITION: _____	PLUMBING SYSTEM ANY KNOWN LEAKS: _____		FOUNDATION: _____			
WITHIN CITY LIMITS: _____		OWNER: _____	FIRE EXT VISIBLE TO NEIGHBORS: _____	INDOORS: _____	APPROVED FENCE DIVING BOARD: _____	ABOVE GROUND IN-GROUND: _____		CLOSED: _____			
WITHIN FIRE DIST: _____		TENANT: _____	OIL STORAGE TANK LOCATION: _____	OUTDOORS: _____	SLIDE: _____	STORM SHUTTERS: _____		NONE: _____			
BLDG CODE GRADE: _____		TAX CODE: _____	RATING: _____	WIND CLASS: _____	SEMI-RESISTIVE: _____		ROOF MATERIAL: _____		CONDITION OF ROOF: _____		
IF REPLACEMENT COST APPLIES: ACORD _____		40 _____	41 _____	42 ATTACHED: _____	RATING CREDITS: _____		MANNED SECURITY OFF PREMISES THEFT EXCL: _____		SPRINKLER: _____		
BASEMENT: _____ SQ FT		GARAGE: _____ SQ FT		BREEZEWAY: _____ SQ FT		NON-SMOKER LIGHTNING PROTECTION: _____		PARTIAL: _____		FIREPLACES (Enter Number): _____	
CHIMNEYS: _____		HEARTH: _____		PRE-FAB WOOD STOVE INSERT: _____		FULL: _____		HEARTH: _____		WOOD STOVE INSERT: _____	

GENERAL INFORMATION

CSR:

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?	
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?				16. IS THERE A SECURITY ATTENDANT?	
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?				17. IS THE BUILDING ENTRANCE LOCKED?	
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)			20. IS HOUSE FOR SALE?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			22. IS THERE A TRAMPOLINE ON THE PREMISES?		
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?			23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			24. ANY LEAD PAINT HAZARD?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		

LOSS HISTORY			ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION?	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE BELOW	CAT # AMOUNT

PRIOR COVERAGE		
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

ADDITIONAL INTEREST			
INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)	ATTACHMENTS	
	STATE SUPPLEMENT(S) (if applicable)	PROTECTION DEVICE CERTIFICATE
	INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP
	REPLACEMENT COST ESTIMATE	RECREATIONAL VEHICLE APP
	PHOTOGRAPH	WATERCRAFT APPLICATION
	SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION
	EARTHQUAKE APPLICATION	HOME BASED BUSINESS SUPP
FOR COMPANY USE ONLY		

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. 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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO 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. 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER