ACORD"		H	OM	EO	WN	ER	<b>APF</b>	LIC	<b>;</b> /	ATIO	NC					DAT	E (MM/D	D/YYY	Ύ)
AGENCY PHONE (A/C, No, Ext):				T	APPLICA	NT'S NAM	ME AND MA	ILING AD	DRE	SS (Inclu	de county	& ZIP+	1)						
FAX (A/C, No):					1									NAIC CODE		FACILITY CODE			
														POLI	CY#				
				ŀ	DATE AT	CO/PI	LAN	······································				1	HOME PI	HONE #	#				DAY
															E	EVE			
CODE: SUBCODE: AGENCY CUSTOMER ID					EFFECTIVE DATE EXPIRATION DATE BUSINESS PHONE #												DAY		
APPLICANT INFORMAT	TION			1								-							EVE
PREVIOUS ADDRESS (If less tha						YRS AT	LOCATI	ON OF P	ROP	ERTY IF D	OFF FROM	ABOV	E (inc co	unty &	ZIP)			,	
						ADDR													
APPLICANT'S OCCUPATION (State nature of business if self-employed)  APPLICANT'S EMPLOYER N.				YER NAI	ME AND A	DDRESS		YEARS CURR C	IN DCG	YEARS WI	YEARS WI PRIOR EMPL	MAR STAT	DAT	EOFE	BIRTH	soc	CIAL SEC	URIT	Y#
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(State nature of business if self-e	mployed)							CURRO	occ (	CURR EMPL	PRIOR EMPL	STAT							
HOW LONG HAVE YOU KN							DATE	AGENT	LAS	ST INSP	ECTED F	ROPE	RTY:		nn	*A # 11 1 K #			
HO FORM DWELLING		OTHER RUCTURES		PERSO	NAL		LOSS OF U	SE		PERSO		Τ.	MEDICA	L.	ESTT	OTAL	<b></b>		
	STI	RUCTURES		PROPE	ERTY				ΕA	LIABII CH OCCL	LITY JRRENCE		CH PER		DEPO		\$		
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DED (Type & Amount) ALL PERIL WND/HAIL						1	THEFT				HOMER * Not A	ANE*	ble in N	ıc.					
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ACCOUNT #: BILLING IF DIR	ECT BILL:					1	F APPLICA	NT BILL:							AGEN				
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DWELLING LOCATION OCCU	PANCY	YES	NO DEADB	YES		TORAGE	YES TANK LOCA	NO	1 6	WIMMING	3 POOL	YES	/ES N	O WII		OPEN M LOSS	MITIGAT	NON	E
WITHIN CITY LIMITS	WNER	UNOCC	FIRE E		INDOORS			DOORS	Ir	APF FEN	ROVED			FE	ATURES				
WITHIN FIRE DIST	ENANT	VACANT	VISIBLE	ETO BORS	MAS	VE GROUN ONRY FLO	OR	ABOVE GROUND		DIV	ING ARD		BOVE ROUND						
MTHIN PROT SUBURB BLDG CODE INSPECTED?		ATING		OCCUP		VE GROUN WASONRY	FLOOR	BELOW GROUNE D CLASS		SLI			ROUND			UDITION	05.000	_	
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YES NO   IF REPLACEMENT COST APPLIE	S, ACORD 42 A	CLASS TTACHED:	SPEC	16	≅S	RATING	G CREDITS	RESISTI		MANNED SECURIT		SPRIN	IKLER	FIR	REPLACE	ES (Ente	Numbe	r)	
BASEMENT	GARAGE	Ē					LOFF PREMISES					PARTIAL		СНІМ	NEYS		-FAB		
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PRIOR COVERAGE PRIOR CARRIER							PRIOR E	OLICY N	IJME	IFR .						T	EXPIRA <sup>*</sup>	LIONL	DATE
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EXPLAIN ALL "YES" RESP	IATION									T	
		= ==		YES NO		YES" RESPONSES IN REMARKS				YES N	
ANY FARMING OF  (Including day/child)		S CONDUCTED	ON PREMISES?			THE LAST FIVE (5) YEARS I, HAS ANY APPLICANT BEI					
2. ANY RESIDENCE			+	CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBE ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION							
	of full and part time e				CONNECTION to disclose						
3. ANY FLOODING, E					the exist	nishable by a					
4. ANY OTHER RESI				sentence of up to one (1) year of imprisonment.)  15. IS THERE A MANAGER ON THE PREMISES?							
ANY OTHER INSU     ANY OTHER INSU				RENTERS A							
7. ANY COVERAGE					CONDOS OF						
DURING THE LAST 3 YEARS? (Not applicable in MO)					18 ANYLIN	17. IS THE BUILDIN CORRECTED FIRE OR BUI				-	
HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION,     BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE						DING UNDERGOING RENOV					
YEARS?	IDGEMENT OR LIE	N DURING THE			timated completion date and	dollar valu	e)				
9. ARE THERE ANY					SE FOR SALE?	OMMERCI	AL OR				
PREMISES? (Note		ory)		21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?							
	· · · · · · · · · · · · · · · · · · ·			22. IS THERE A TRAMPOLINE ON THE PREMISES?							
IS PROPERTY SITUATED ON MORE THAN FIVE ACRES?  (If yes, describe land use)						E STRUCTURE ORIGINALL E RESIDENCE AND THEN O			R THAN A		
	12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES					AD PAINT HAZARD?	OIVEICE				
(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						
13. IS BUILDING RET	ROFITTED FOR EA	RTHQUAKE? (If	applicable)		BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)						
					26. IF BUILD	DING IS UNDER CONSTRUC	CTION, IS	THE APPL	ICANT		
	111/100000 11/1	UCTUED OF NOT D	ND BY MOUBLANCE BI	IDINO	THE GE	NERAL CONTRACTOR?		APPLICA	NT'C		
LOSS HISTORY			AID BY INSURANCE, DU R AT ANY OTHER LOCA		YES	NO IF YES, INDICATE BEI	.ow	INITIALS:	N13		
DATE	TYPE	DESCRIPTION OF L	oss					CAT#	AMOUN	T	
								<u> </u>			
ADDITIONAL INTE	REST IAME AND ADDRESS							LOANA	NUMBER		
WORTGE	IAME AND ADDRESS							207,11	TOMBLIC		
ADDL INT											
REMARKS (Attach	Additional Shee	te if More Sna	rea is Required)								
KEMARKO (Atmon	Additional office	to it more ope	toe is required)								
ATTACHMENTS											
			PH		RECREATI	ONAL VEHICLE APP					
STATE SUPPLEMENT(	S) (Ifapplicable)	PHOTOGRA SOLID FUEL	PH .SUPPLEMENT			ONAL VEHICLE APP AFT APPLICATION					
STATE SUPPLEMENT( INLAND MARINE APP		SOLID FUEL		TE	WATERCR						
INLAND MARINE APP REPLACEMENT COST	LICATION FESTIMATE	SOLID FUEL PROTECTIO	SUPPLEMENT	ΓE	WATERCR LEAD FREE	AFT APPLICATION					
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