

HOMEOWNER APPLICATION

Safepoint Insurance Company

DATE (MM/DD/YY)

AGENCY	PHONE (A/C. No. Ext.):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE	FACILITY CODE
	FAX (A/C. No.):					POLICY #	
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #			DAY EVE
AGENCY CUSTOMER ID:		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #			DAY EVE

APPLICANT INFORMATION							
PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR						
LOCATION OF PROPERTY IF DIFFERENT 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								PREMIUM	
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$	
	\$	\$	\$	\$	\$	\$	DEPOSIT	\$	
							BALANCE	\$	
DED (Type & Amount)	ALL OTHER PERIL			THEFT		NAMED HURRICANE*			

ENDORSEMENTS			*Not Applicable in NC		
<input type="checkbox"/> REPLACEMENT COST DWELLING	<input type="checkbox"/> REPLACEMENT COST CONTENTS	ENTER OTHER ENDORSEMENT(S):			

PAYMENT PLAN		ACORD 610 Attached (NOT APPLICABLE IN NC)			
ACCOUNT #:	BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	MAIL POLICY TO:	
	DIRECT BILL	BILL APPLICANT	FULL PAY	AGENT	
	AGENCY BILL	OTHER:	OTHER	APPLICANT	
		BILL MORTGAGEE		OTHER	

RATING/UNDERWRITING											
FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE		USAGE TYPE	FARM	# FAM-ILIES	# HSEHLD RES.	PURCHASE DATE / PRICE
MASONRY	VINYL SIDING			\$	DWELLING	TOWNHOUSE	PRIMARY	COC			
MASONRY VENEER	ALUMINUM SIDING	SQ FEET	# APTS	REPLACEMENT COST	APART	ROWHOUSE	SECONDARY	COMP. DATE:			
FIRE RES				\$	CONDO	CO-OP	SEASONAL		RENOVATION TYPE	PART	COMP YEAR
NUMBER OF: FIRE UNITS IN DIVS	TERR CODE	PREM GROUP	PROT. CLASS	DISTANCE TO: HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE		HEAT TYPE	WIRING		
				FT.	MI.	SYSTEM	SMOKE TEMP BURGLAR	PRIMARY:	PLUMBING		
						CENTRAL		SECONDARY:	HEATING		
FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER					DIRECT		HOUSEKEEPING CONDITION	ROOFING		
						LOCAL			EXTERIOR PAINT		
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC. SYSTEM)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING		PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		YES NO	YES NO	YES NO	YES NO		YES NO	OPEN NONE			
DWELLING LOCATION	OCCUPANCY		DEADBOLT	OIL STORAGE TANK LOCATION			SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES			
WITHIN CITY LIMITS	OWNER	UNOCC	FIRE EXT.	INDOORS	OUTDOORS		APPROVED FENCE				
WITHIN FIRE DIST.	TENANT	VACANT	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	ABOVE GROUND		DIVING BOARD	ABOVE GROUND			
WITHIN PROT. SUBURB				ABOVE GROUND NOT ON MASONRY FLOOR	BELOW GROUND		SLIDE	IN-GROUND			
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WEEKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF		
	YES NO		CLASS SPEC	YES NO		RESISTIVE	OTHER				
BASEMENT	GARAGE	BREEZEWAY	RATING CREDITS		MANNED SECURITY	SPRINKLER	FIREPLACES (Enter Number)				
SQ. FT.	SQ. FT.	SQ. FT.	NON-SMOKER	LIGHTNING PROTECTION	OFF PREMISES THEFT EXCL	PARTIAL	CHIMNEYS	PRE-FAB			
						FULL	HEARTHES	WOOD STOVE INSERT			

PRIOR COVERAGE		
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y	N		Y	N
1.	ANY FARMING OR OTHER BUSINESS CONDUCTED ON THE PREMISES? (Including any day/child care)			14. 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.)		
2.	ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)					
3.	ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC.?					
4.	ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					
5.	ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					
6.	HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			RENTERS AND CONDOS ONLY	15. IS THERE A MANAGER ON THE PREMISES?	
7.	ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)				16. IS THERE A SECURITY ATTENDANT?	
					17. IS THE BUILDING ENTRANCE LOCKED?	
8.	HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGMENT OR LIEN DURING THE PAST FIVE YEARS?			18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
9.	ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
10.	IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?			20. IS HOUSE FOR SALE?		
11.	IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			21. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
12.	DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			22. IS THERE A TRAMPOLINE ON THE PREMISES?		
				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
				24. ANY LEAD PAINT HAZARD?		
13.	IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			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)		
				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?		Yes	No	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS			CAT #	AMOUNT	

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

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS			
PHOTOGRAPH	PERS EXCESS/UMBRELLA APP	HOME BASED BUSINESS SUPP	
STATE SUPPLEMENT(S) (If applicable)	SOLID FUEL SUPPLEMENT	RECREATIONAL VEHICLE APP	
INLAND MARINE APPLICATION	EARTHQUAKE APPLICATION	WATERCRAFT APPLICATION	
REPLACEMENT COST ESTIMATE	PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION	

BINDER/SIGNATURE											
<table border="1"> <tr> <th colspan="2">INSURANCE BINDER</th> </tr> <tr> <th>EFFECTIVE DATE</th> <th>EXPIRATION DATE</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <th>TIME</th> <td>12:01 AM NOON</td> </tr> <tr> <td colspan="2">COVERAGE IS NOT BOUND</td> </tr> </table>	INSURANCE BINDER		EFFECTIVE DATE	EXPIRATION DATE			TIME	12:01 AM NOON	COVERAGE IS NOT BOUND		<p>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. APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE USSUANCE OF THE INSURANCE POLICY.</p> <p>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 HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OR 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. APPLICANTS INITIALS _____</p> <p>Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent of broker for your state's requirements.)</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION 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.</p>
INSURANCE BINDER											
EFFECTIVE DATE	EXPIRATION DATE										
TIME	12:01 AM NOON										
COVERAGE IS NOT BOUND											
Applicant's Signature	Date										
Producer's Signature	National Producer Number										
Producer's Printed Name	Florida License Number										