

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	\$
DED (Type & Amount)	ALL PERIL	WIND/HAIL	THEFT	NAMED HURRICANE*		BALANCE	\$	

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

RATING/UNDERWRITING												
FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE		USAGE TYPE	FARM	# FAMILIES	# 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	
NUMBER OF: FIRE UNITS IN DIVS	TERR CODE	PREM GROUP	PROT. CLASS	DISTANCE TO: HYDRANT	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	WIRING		
				FIRE STATION	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	PLUMBING		
FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER			FT.	M.I.	DIRECT			SECONDARY:	HEATING		
				LOCAL					HOUSEKEEPING CONDITION	ROOFING		
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		EXTERIOR PAINT		
		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 OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)					
SQ. FT.	SQ. FT.	SQ. FT.	NON-SMOKER	LIGHTNING PROTECTION		PARTIAL	CHIMNEYS	PRE-FAB				
						FULL	HEARTH	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?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGMENT OR LIEN DURING THE PAST FIVE YEARS?					17. IS THE BUILDING ENTRANCE LOCKED?	
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				20. IS HOUSE FOR SALE?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				21. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)				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?		
				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			
STATE SUPPLEMENT(S) (If applicable)	PHOTOGRAPH	PERS EXCESS/UMBRELLA APP	HOME BASED BUSINESS SUPP
INLAND MARINE APPLICATION	SOLID FUEL SUPPLEMENT	RECREATIONAL VEHICLE APP	
REPLACEMENT COST ESTIMATE	EARTHQUAKE APPLICATION	WATERCRAFT APPLICATION	
	PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION	

BINDER/SIGNATURE

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. 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. 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 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, consult your agent of broker for your state's requirements.)	
EFFECTIVE DATE	EXPIRATION DATE		
TIME	12:01 AM NOON		
COVERAGE IS NOT BOUND			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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, MA, 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 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
		Producer's Printed Name	Florida License Number