

Boston Insurance Specialists
 31 Milk St, Suite 405
 Boston, MA 02109
 Phone (800) 784-1887 FAX (617) 451- 3366 – Boston
 Phone (866)569-1407 FAX (413)569-9119 – Western Mass

Homeowner Application

Applicant's Name: _____
 Mailing Address: _____

Agent Name: _____
 Address: _____

 Agency Code: _____

General Information:

Billing Method: Insured Mortgagee Agent
 Type of Submission: New Business Renewal Rewrite Previous Policy No.: _____
 Requested Coverages: HO-3 HO-4 HO-6 HO-8 HO-A (TX Only)
 HO-B (TX Only) HO-BT (TX Only) HO-B-CON (TX Only)
 Deductible: All Perils _____ Wind and Hail _____ Theft Deductible _____
 Describe Location: Same as mailing address

PROPOSED EFFECTIVE DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

Street _____

 City _____ County _____ State _____ Zip _____

Underwriting Information:

Year Built _____
 Square Footage _____
 Number of Families _____
 Number of Stories _____
 Type of Roof _____
 Territory Number _____
 Protection Class _____
 Miles from Fire Dept. _____
 Feet from Hydrant _____
 Fire District or Town _____

Construction:
 Frame
 Masonry
 EIFS
 Brick Veneer (TX only)
 Mobile Home (TX only)
 Other _____

Wood Stove?..... Yes No
 If Yes, is this the Primary
 source of heat?..... Yes No
 Submit two photos of wood stove along
 with wood stove questionnaire.

Rating Information:

Property Coverage:

	Limits	Premiums
Dwelling	\$ _____	\$ _____
Other Structures	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Loss of Use	\$ _____	\$ _____
Theft by Burglary (above \$5,000 where applicable)	\$ _____	\$ _____
Satellite/Antenna	\$ _____	\$ _____

Liability Coverage:

	Limits	Premiums
Personal Liability	\$ _____	\$ _____
Home Day Care	_____ /# of Children (Max of 5)	\$ _____
Medical Payments	\$ _____ /Per Person	\$ _____

In Home Business:

Business Property	\$ _____	\$ _____
Liability Aggregate (Policy Maximum)	\$ _____	\$ _____

Replacement Cost:

Dwelling Only	\$ _____	\$ _____
Dwelling & Contents	\$ _____	\$ _____
All Direct Causes of Loss (All Risk)	\$ _____	\$ _____

Additional Charges/Credits:

Deductible Credits (not applicable to Liability)	\$ _____
Misc. Credit/Surcharges (wood stove, etc.)	\$ _____
State Tax (where applicable)	\$ _____
Policy Fee (if applicable)	\$ _____
Other Fees	\$ _____
Total Premium:	\$ _____

Additional Interests—Mortgagee/Loss Payees:

Interest #1:

Name: _____

Address: _____

Loan Number: _____

Type of Interest: _____

Interest #2:

Name: _____

Address: _____

Loan Number: _____

Type of Interest: _____

Miscellaneous Coverages (check box if applicable):

Mine Subsidence (where applicable)

Tenant Relocation (MA only)

Claim free Renewal Credit (where applicable)

Fire Alarm:

Central Local

Burglar Alarm:

Central Local

Senior Citizen Credit (where applicable)

Fire Station: _____ miles

Fire District: _____

Fire Hydrant: _____ feet

Exclude Wind

Offshore Island

Wind/Hail Deductible:

Dollar Amount \$ _____

Percent Amount _____ %

Distance to Coastal Waters:

Feet: _____ Miles: _____

Zone: _____

Workers Compensation (CA only)

Number of In-Servants: _____

Number of Out-Servants: _____

Earthquake (if available)

Zone: _____

EQ Additional Living

Expense Limit: \$ _____

EQ Contents Limits: \$ _____

EQ Deductible: \$ _____

Reconstruction Costs (CA only)

Previous/Current Carrier and Loss History Information:

Previous/Current Carrier: _____ Policy Number: _____ Expiration Date: _____

Any Previous/Current Carrier declined, canceled, or nonrenewed coverage within the last three years? Yes No
 If Yes, give reason(s): _____

(not applicable in Missouri and California)

Any losses in the last three years? Yes No
 If Yes, please provide the information requested below:

Date of Loss	Claim Type—Description of Loss	Amount Paid	Amount Reserved

Additional Information:

Any bankruptcy or foreclosure proceedings filed? **Yes** **No**
 Reason: _____
 Discharged?
 Is applicant delinquent on mortgage or tax payments?
 Has anyone with a financial interest in the property been convicted of fraud, arson or other crime related to any loss on any property during the past five years?
 Swimming pool, hot tub or spa on premises?
 Pool fenced?
 Automatic locking gate?
 Steps have secured handrails?
 Any lake, pond or dock on premises?
 Trampoline on premises?
 Is the dwelling set on land in excess of five acres?
 Are there any animals kept on premises?

If Yes, list all:
 Animal Breed: _____ Number: _____
 Bite History?
 Animal Breed: _____ Number: _____
 Bite History?
 Other: _____

Any businesses on premises?
 Type of business (include Day Care): _____

Other structures (garages, shed, etc.) on premises?
 If Yes, please list in comments.

Electrical service on circuit breakers?
 Is location primary residence of owner/ applicant?
 Modular or farm dwelling?
 Any existing fire, water or structural damage?
 Working smoke detectors on premises?
 Brush or landslide exposure?
 Any dwelling or structure built on stilts?
 Provide year of building updates (if over 20 years):
 Wiring: _____ Plumbing: _____ Roofing: _____ Heating: _____
 Partial Full Partial Full Partial Full Partial Full
 Has property been seen by agent?
 If Yes, date agent last inspected property: _____

Please indicate the condition of the following as either good, fair, or poor:

	Good	Fair	Poor
Dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outbuildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Applicant Information:

Applicant's Social Security Number: _____

Co-Applicant's Social Security Number: _____

Applicant's Occupation: _____

Co-Applicant's Occupation: _____

Previous Address (if less than three years): _____

(Street, City, County, State, Zip)

Additional Comments:

Additional Requirements:

Photos of front and back of dwelling are **required**.

Submit additional photo of:

- Any wood/coal/pellet stove
- Day care facility and play area
- Fenced pool, hot tub or spa

Submit questionnaire form if:

- Wood/coal/pellet stove

Notice of Insurance Information Practices:

Personal information about you may be collected from persons other than you. 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. 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 instruction on how to submit a request to us.

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

Applicant's Statement:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

Application must be fully completed, signed and have required photos attached.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents Only)