

DWELLING FIRE APPLICATION (additional location supplement (11/04))



Named Insured: _____ Desired Effective Date: _____ Add to Policy #: _____

Location of Premises:

COVERAGES AND LIMITS OF LIABILITY	COVERAGE LIMIT	show premiums in box where coverage desired				Condition Charge OR Credits	Premium \$ SUBTOTAL	Explain Premium Condition Charges or Credits
		FIRE Prem.	E.C. Prem.	V. & M. M.	Broad Form			
Dwelling:								
Contents:								
Additional Coverages:								

LIABILITY (OLT): _____ /Bodily Injury _____ /Property Damage OR _____ Personal Liability
 Additional Coverages requested at time of issue (Specific 'Other Structures', 'Medical Payments', etc.) _____

MORTGAGEE/LIENHOLDER INFORMATION:

Loan Balance: _____ Additional _____
 Loan Number: _____ Insured _____
 Information _____

Please Check where BILLING is to be sent: Insured Mortgagee Other - explain: _____

What is your MONTHLY Loan payment for the Dwelling: _____ Are your payments current and up to date? YES NO (submit only)

Is Dwelling being Purchased by a LAND or LEASE Purchase Contract? NO YES (IF YES, SUBMIT UNBOUND WITH COPY OF CONTRACT, THE LEASE PURCHASE SELLER WILL BE LISTED AS AN 'ADDITIONAL INSURED')

DWELLING INFORMATION:

Year Const. Construction Type Roof Age No. of Families Current Dwelling Market
 Type of Roof / In years (apartments) Purchase Price Date Bought? Value (EXCLUDE LAND)

Complete if MOBILE HOME: Length X Width _____ X _____; Mfg. Make: _____ Model: _____ Serial No.: _____

- Responding Fire Dept.: _____ Volunteer Yes No Prot. Class: _____ Distance from F/D: _____ Distance from Hydrant: _____
- Continuously enclosed masonry foundation? YES NO; if no, explain: _____
- Ground Floor Area: _____ sq. ft.; # of rooms: _____; ELECTRIC SERVICE: _____ Fuse _____ Breaker; size of electrical service: _____ amps
- Has electrical system (wiring) been inspected by a qualified electrician? _____ When? _____ How old is wiring? _____
- Please "X" answer that applies:

	NO	YES		NO	YES		NO	YES
Attached Garage	<input type="checkbox"/>	<input type="checkbox"/>	Central Heat	<input type="checkbox"/>	<input type="checkbox"/>	Central Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	Floor Furnace	<input type="checkbox"/>	<input type="checkbox"/>	V/Radio Towers/Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>
Deadbolt Locks	<input type="checkbox"/>	<input type="checkbox"/>	Electric Baseboard Heat	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	GAS SPACE HEATERS?	<input type="checkbox"/>	<input type="checkbox"/>	Farm Property	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector	<input type="checkbox"/>	<input type="checkbox"/>	Thermostat Control for Heat?	<input type="checkbox"/>	<input type="checkbox"/>	All Terrain Vehicles (excluded)	<input type="checkbox"/>	<input type="checkbox"/>
- Are there any 'OPTIONAL' heating devices? (e.g.: fireplace, woodstove, kerosene heater) None YES, describe: _____
 (FOR ALL WOODSTOVES & FIREPLACES the questionnaire I/S WB-1 must be attached)
- Is dwelling accessible to fire equipment at all times? NO YES; Distance to nearest occupied dwelling? _____
- What is premises lot size or acreage? _____ Neighborhood? ("X") all that apply: Hillside Valley Near Creek/River
 Residential Commercial ISOLATED Farm Property Mobile Home Park

TENANT PROPERTY

- Monthly rent? _____, Is tenant current on rent? YES No EXPLAIN: _____
- Does tenant pay: water gas electric
- How long has current tenant occupied premises? _____ How many days was property vacant in the last 3 years? _____

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF AGENT

DATE

PLEASE ATTACH Photos & COMPLETED SUPPLEMENT TO ORIGINAL APPLICATION