



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
/ /

AGENCY Leo Fitzgerald & Associates, Inc 111 Broadway # 806 New York NY 10006-	PHONE (A/C, No, Ext): () -	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			NAIC CODE	FACILITY CODE
	FAX (A/C, No): () -				POLICY #	
E-MAIL ADDRESS:	DATE AT CURR RES / /	CO/PLAN	HOME PHONE # () -		DAY	EVE
CODE:	SUBCODE:	EFFECTIVE DATE / /	EXPIRATION DATE / /	BUSINESS PHONE # () -		DAY
AGENCY CUSTOMER ID:						EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF 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/ PRIOR EMPL	DATE OF BIRTH / /	
		YEARS W/ CURR EMPL	MAR STAT	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/ PRIOR EMPL	DATE OF BIRTH / /	
		YEARS W/ CURR EMPL	MAR STAT	SOCIAL SECURITY # - -	
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY: / /			

COVERAGES/LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	PREMIUM	
\$	\$	\$	\$	\$	\$	\$	EST TOTAL PREMIUM	\$.
							DEPOSIT	\$.
							BALANCE	\$.
DED (Type & Amount)	ALL PERIL		WIND/HAIL		THEFT		EARTHQUAKE	
	NAMED HURRICANE*		ANNUAL HURRICANE*					

* Not Applicable in NC

ENDORSEMENTS - See Page 4**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"/> AGENT
		<input type="checkbox"/> APPLICANT

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	PRIMARY	COC			
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE: / /			
FIRE RES				\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	
UNITS IN FIRE DIV				FT	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	WIRING
				MI	CENTRAL				SECONDARY:	PLUMBING
FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER			DIRECT	HOUSEKEEPING CONDITION			ROOFING		
				LOCAL				EXTERIOR PAINT		
DATE HEATING SYSTEM LAST SERVICED / /	NUM OF AMPS (ELEC SYST)	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	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION		SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES				
WITHIN CITY LIMITS	OWNER	FIRE EXT VISIBLE TO NEIGHBORS	INDOORS	Above Ground on Masonry Floor	APPROVED FENCE					
WITHIN FIRE DIST	TENANT		OUTDOORS	Above Ground Not on Masonry Floor	DIVING BOARD					
WITHIN PROT SUBURB					SLIDE					
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES NO		CLASS SPEC	YES NO		RESISTIVE	OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:			RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)			
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	LIGHTNING PROTECTION		PARTIAL	CHIMNEYS	PRE-FAB		
SQ FT	SQ FT	SQ FT				FULL	HEARTHES	WOOD STOVE INSERT		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including 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?			15. IS THERE A MANAGER ON THE PREMISES? RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT? 17. IS THE BUILDING ENTRANCE LOCKED?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			19. IS HOUSE FOR SALE?		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)			20. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			21. IS THERE A TRAMPOLINE ON THE PREMISES?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet			23. ANY LEAD PAINT HAZARD?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE / /
---------------	---------------------	------------------------

LOSS HISTORY	ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE / / / /	TYPE	DESCRIPTION OF LOSS
		CAT #
		AMOUNT

ADDITIONAL INTEREST

INT #	MORTG'G ADDL INT	NAME AND ADDRESS	LOAN NUMBER
-------	---------------------	------------------	-------------

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

	STATE SUPPLEMENT(S) (If applicable)
	INLAND MARINE APPLICATION
	REPLACEMENT COST ESTIMATE
	PHOTOGRAPH
	SOLID FUEL SUPPLEMENT
	PROTECTION DEVICE CERTIFICATE
	PERS EXCESS/UMBRELLA APP
	WATERCRAFT APPLICATION
	LEAD FREE PAINT CERTIFICATION
	RESIDENCE BASED BUSINESS SUPPL

BINDER/SIGNATURE

INSURANCE BINDER		<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.</p>
EFFECTIVE DATE / /	EXPIRATION DATE / /	
TIME :	12:01 AM NOON	
COVERAGE IS NOT BOUND		

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 ISSUANCE 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 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 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 or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD 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, VA and WA, 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
-----------------------	-------------	----------------------	--------------------------

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE		COVERAGE INFORMATION							FORM NUMBER	FORM DATE	PREMIUM	
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		\$ LIMIT								/ /	\$	
ADDITIONAL PREMISES LIABILITY EXTENSION	LOC #	\$ CONTENTS			TERR:	# PREMISES:			/ /	\$		
		ADDRESS								/ /	\$	
ADDITIONAL RESIDENCE RENTED TO OTHERS 1 OR 2 FAMILY	LOC #	\$ CONTENTS			TERR:	# FAMILIES:			/ /	\$		
		ADDRESS				MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO			/ /	\$		
BUILDING ORDINANCE OR LAW COVERAGE		\$		\$	INCREASED	REBUILD PCT:			/ /	\$		
ELECTRONIC APPARATUS BUSINESS AND VEHICLE		\$		\$	INCREASED				/ /	\$		
ELECTRONIC APPARATUS IN VEHICLE		\$		\$	INCREASED				/ /	\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS		\$		\$	INCREASED				/ /	\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY		\$		\$	INCREASED				/ /	\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES		\$		\$	INCREASED				/ /	\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE		\$		\$	INCREASED				/ /	\$		
EARTHQUAKE	% DED	TERR: _____			MASONRY VENEER			/ /	\$			
		RETROFIT TYPE: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			/ /	\$			
IDENTITY FRAUD EXPENSE COV		INCLUDED								/ /	\$	
FULL VALUE REPLACEMENT COST		INCLUDED								/ /	\$	
REPLACEMENT COST - DWELLING		INCLUDED								/ /	\$	
REPLACEMENT COST - CONTENTS		INCLUDED								/ /	\$	
INCIDENTALS FARMING PERS LIAB	MEDICAL PAYMENTS		<input type="checkbox"/> YES		<input type="checkbox"/> NO				/ /	\$		
MINE SUBSIDENCE	LIMIT	\$	CONST MATERIAL		PROP DESC				/ /	\$		
MOLD	PROPERTY	\$	LIABILITY	\$	EXCL LIABILITY			/ /	\$			
					EXCL PROP DAMAGE			/ /	\$			
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/> REQUIRES INCR CONTENTS		TERR:	BUS/STRUCT DESC		MED PAY	/ /	\$			
		<input type="checkbox"/> INCR CONT NOT REQUIRED		STRUCT TYPE			<input type="checkbox"/> YES	/ /	\$			
		\$ OT. STRUCTS					<input type="checkbox"/> NO	/ /	\$			
OTHER STRUCTURES - INDIVIDUAL STRUCTURES	\$	LIMIT	STRUCT DESC:					/ /	\$			
WATER BACKUP OF SEWERS & DRAINS	\$	LIMIT	<input type="checkbox"/> INCLUDED						/ /	\$		
UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGGREGATE	\$	INCREASED				/ /	\$			
WORKERS COMPENSATION - FULL TIME INSERVANT	# OF EMPLOYEES:							/ /	\$			
WORKERS COMPENSATION - INCIDENTAL	# OF EMPLOYEES:							/ /	\$			
WORKERS COMPENSATION - PART TIME OUTSERVANT	# OF EMPLOYEES:							/ /	\$			
CODE	COVERAGE DESCRIPTION	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	TERR	OPTIONS	YES	NO	FORM NUMBER	FORM DATE	PREMIUM
		\$									/ /	\$
		\$									/ /	\$
		\$									/ /	\$
		\$									/ /	\$
		\$									/ /	\$
		\$									/ /	\$
		\$									/ /	\$
		\$									/ /	\$
		\$									/ /	\$