

# 1-4 Family Dwelling



## 1-4 FAMILY DWELLING APPLICATION - ALL STATES

Please complete all sections of this application and have signed by the applicant.

Named Insured: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Inspection Contact: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Coverage Desired: ☐ Monoline Liability ☐ Monoline Property ☐ Package

### Schedule of Locations

Please indicate any owner occupied locations. If that location is a 1 Family Dwelling, it is not eligible for this product

	Street Address	City	State	Zip Code	# of Units	Year Built	Construction	Sq Ft	PC	# of Stories	Annual Seasonal or Timeshare
1											
2											
3											
4											
5											

### General Information Complete for all submissions

- |   | <u>Prohibited</u>            | <u>Eligible</u>              |
|---|------------------------------|------------------------------|
| 1. Any locations in Alaska or Louisiana?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 2. Any locations with swimming pools?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 3. Any owner-occupied one family dwelling locations?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 4. Any student residents?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 5. Any government subsidized residents?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6. Is this a rooming or boarding house? (Any common facilities other than laundry)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 7. Any building with knob and tube or aluminum wiring?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 8. Do all buildings have 100% of the wiring on circuit breakers with 100 amp service?                                       | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 9. Are smoke detectors and fire extinguishers in every unit and all common areas?   | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 10. Does any location allow the use of wood stoves, space heaters, or temporary heating devices?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 11. Are there any insurance company loss control recommendations outstanding?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
|   | <u>Submit</u>                | <u>Eligible</u>              |
| 12. Any renovations, development plans or other construction activities being performed or proposed during our policy term? | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

Please describe any "Yes" answers to #12: \_\_\_\_\_

### 13. Loss information for the past 3 years:

Year	# of Claims	Incurred Amounts	Descriptions
		\$	
		\$	
		\$	

**Liability Information**Not Applicable ☐Occurrence Limit : ☐\$100,000 ☐\$300,000 ☐\$500,000 ☐\$1,000,000**Prohibited** **Eligible**

1. Are any Professional Services or meals provided to residents (i.e. assistance with daily living)? ☐ Yes ☐ No
2. Does any location have security bars on the windows? ☐ Yes (see below) ☐ No  
If yes, do they have safety release mechanisms from the inside? ☐ No ☐ Yes
3. Are all locks re-keyed prior to leasing to new tenants? ☐ No ☐ Yes
4. For 2-4 family dwelling locations that are over 2 stories, is there an outside fire escape? ☐ No ☐ Yes

		Home Office	WebQuote	Hit Zone
	<b>Prohibited</b>	<b>Eligible</b>	<b>Eligible</b>	<b>Eligible</b>
5. Total number of locations	>100	1-100	1-25	1-5
6. Number of stories	>4	1-4	1-4	1-3
7. Total number of GL losses in the past 3 years	>1	1	0	0

**Property Information**Not Applicable ☐

**Please Note:** \* All locations within our restricted Coastal territories must exclude Wind & Hail.  
Please contact your Underwriter for clarification or a copy of our Coastal Guidelines.  
\* All Personal Lines options must exclude theft.

**Coverage Option**

We can consider 1-4 Family Dwelling submissions requesting Monoline Property and Package quotes for either a Commercial Lines or Personal Lines option. An account is eligible for a Personal Lines option if:

- Applicant is an Individual, Limited or Family Partnership, Trust or Estate
- Schedule is limited to only 1 location
- The Dwelling limit does not exceed \$400,000 (\$200,000 coastal)

If the 3 items above apply, please contact your Underwriter to discuss the benefits of each option

Requested Coverage: ☐ Commercial Lines Form ☐ Personal Lines Form

Building limit \$ \_\_\_\_\_ Detached Garage limit \$ \_\_\_\_\_ Contents limit \$ \_\_\_\_\_ Loss of income \$ \_\_\_\_\_

Requested Coinsurance (Commercial Lines Only) ☐ 80% ☐ 90% ☐ 100%Cause of loss: ☐ Basic ☐ Special Exclude: ☐ Theft ☐ Wind & Hail ☐ NeitherProperty deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000Type of roof: ☐ Composite Shingles ☐ Flat Tar & Gravel ☐ Metal ☐ Tile ☐ Slate

Age of roof \_\_\_\_\_ Electrical update \_\_\_\_\_ Plumbing update \_\_\_\_\_ Heating update \_\_\_\_\_

**Special Form Requirements**

	<b>Eligible</b>	<b>Basic Only</b>
- Heating System less than 20 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Plumbing System is copper or PVC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Electrical System is less than 35 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Roofing has been replaced or recoated within the past 10 years for shingle, 20 years for metal, 25 years for tile or 50 years for slate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Prohibited** **Eligible**

1. Any locations in Alabama, Hawaii, Kentucky, Mississippi, Tennessee, or West Virginia? ☐ Yes ☐ No
2. Is the property in Protection Class 9 or 10? ☐ Yes ☐ No
3. Any locations occupied on a seasonal or a timeshare basis? ☐ Yes ☐ No

- |   |                              |                              |
|---|------------------------------|------------------------------|
| 4. Any locations that are mobile homes?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 5. Any 1 or 2 family dwellings currently vacant?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6. Any 3 or 4 family dwellings with an occupancy rate below 50%?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 7. Has the roof been recoated or replaced within the past 25 years for shingle or composite, 40 years for metal, 50 years for tile, 100 years for slate | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
- Continue for the Commercial Lines option only:**
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 8. Are the values at any single location over \$500,000 or \$250,000 coastal zones?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does the applicant have tax liens on any property or filed for bankruptcy in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. If California, is the Insured an individual or husband & wife?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)

Broker's Signature \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_