

## DWELLING FIRE APPLICATION

								Date:	
Agency Name:				Applicant's Name:					
Address:				Mailing Address:					
Phone:		Fax:		City:		State:	Zip:	County:	
E-mail:				E-mail:					
Code:		Subcode:		Phone No.:		Bus. Phone No.:			
Agency Customer ID:				Effective Date:		Expiration Date:			
<b>APPLICANT INFORMATION</b>									
Previous Address (if less than three years)			Years at Previous Address:		Location of property if different from above (attach Additional Location Supplemental Application, if necessary):				
Street:					Street:				
City:		State:	Zip:	City:		State:	Zip:	County:	
Applicant's Occupation (State nature of business if self-employed):			Marital Status	DOB	Applicant's Employer Name and Address:				
Co-Applicant's Occupation (State nature of business if self-employed):			Marital Status	DOB	Co-Applicant's Employer Name and Address:				
<b>COVERAGES/LIMITS OF LIABILITY</b>								<b>PREMIUM</b>	
Policy Type		Dwelling	Other Structures	Personal Property	ALE/Fair Rental Value	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium:	\$
		\$	\$	\$	\$	\$	\$	Deposit:	\$
								Balance:	\$
<b>PERILS:</b> <input type="checkbox"/> Fire <input type="checkbox"/> EC <input type="checkbox"/> VMM									
Deductible Type & Amount (%/\$)		<input type="checkbox"/> All perils:		<input type="checkbox"/> Wind & Hail:		<input type="checkbox"/> Named Storm:		<input type="checkbox"/> Other:	
<b>ENDORSEMENTS/ADDITIONAL COVERAGES</b>									
<input type="checkbox"/> Replacement Cost Dwelling		<input type="checkbox"/> Residence Burglary: \$		<input type="checkbox"/> Workers Comp (CA & NY - Primary Owner Only)			<input type="checkbox"/> Other:		
<input type="checkbox"/> Personal Injury (Primary Owner Only)		<input type="checkbox"/> Earthquake Zone:		<input type="checkbox"/> Tenant Relocation (MA only)					
<b>PAYMENT PLAN</b>									
<b>Billing:</b> <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Agency Bill									

RATING/UNDERWRITING												
Year Built	Purchase Date		<b>Construction Type</b> <input type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input type="checkbox"/> Masonry <input type="checkbox"/> EIFS <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log Home <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Milled <input type="checkbox"/> Other:		<b>Structure Type</b> <input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op <input type="checkbox"/> MFG/Mobile Home		<b>Usage Type</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacation Rental <input type="checkbox"/> Farm <b>Completion Date:</b>		<b>Occupancy</b> <input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant <b>No. Weeks Rented:</b> <input type="checkbox"/> Vacant <b>No. of Months:</b>		No. Stories	<b>Windstorm Loss Mitigation Features</b> <input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
Square Feet	Replacement Cost \$										No. Families	
	Market Value \$										No. H/H Residents	
Territory Code	Protection Class		Distance To		Protection Device Type				Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts Mobile Home Tied Down: <input type="checkbox"/> Yes <input type="checkbox"/> No			
			Hydrant	Fire Station	System	Smoke	Temp	Burglar	<input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors			
			ft.	mi.	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial			
Fire District/Code No.: /					Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide			
Updates	Partial	Complete	Year	Details								
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				Fuses: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of Amps:.....		
				Aluminum: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				Knob & Tube:..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____ Any known leaks? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No								
Heating	<input type="checkbox"/>	<input type="checkbox"/>		Primary: _____ Secondary: _____ <input type="checkbox"/> None Wood Stove? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No    Portable Space Heaters? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No								
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		Roof Type/Material: _____ Condition of Roof: _____ Any known leaks?..... <input type="checkbox"/> Yes <input type="checkbox"/> No    Exclude Roof?..... <input type="checkbox"/> Yes <input type="checkbox"/> No								
LOSS HISTORY												
Any losses, whether or <b>not</b> paid by insurance, in the last three years, at <b>this</b> or <b>any</b> other location? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No												
If "Yes," indicate below:												
DATE	TYPE		DESCRIPTION OF LOSS						AMOUNT PAID/RESERVED	OPEN/CLOSED		
									\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed		
									\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed		
									\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed		
PRIOR/CURRENT COVERAGE												
Prior carrier/Current carrier:						Policy number:			Expiration date:			
If lapse or no prior coverage, provide explanation:												

<b>GENERAL INFORMATION</b>					
<b>Explain all "Yes" responses in the "Remarks" section</b>			<b>Explain all "Yes" responses in the "Remarks" section</b>		
1. Any business conducted on premises? (including farms, day care, etc.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			11. Is property situated on more than five acres? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No No. of acres: .....		
2. Any residence employees? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Number and type of full time and part time employees:			Describe land use:		
3. Any brush, flooding, forest fire hazard, landslide, etc.? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			12. Other structures on premises? (barns, sheds, etc.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
4. Any other insurance with this company? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No List policy numbers:			13. Is building retrofitted for earthquake? (if applicable) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			14. During the last five years (ten [10] years in RI), has any applicant or household member been indicted or convicted of any crime? (In Rhode Island, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  Reason:			15. Is there any existing fire, water or structural damage? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Open      Date closed/discharged:			16. Is building undergoing renovation or reconstruction? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Starting Date: ..... Starting Value: \$ ..... Contractor Name: ..... Completion Date: .....		
7. Is applicant delinquent on mortgage or tax payments? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			17. Is house for sale? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Are there any animals or exotic pets kept on premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Breed: Bite History:			18. Is property within 300 ft. of a commercial or non-residential property? .... <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Any lake, pond or dock on premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			19. Is there a trampoline on the premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Distance to tidal water: ..... <input type="checkbox"/> Miles <input type="checkbox"/> Feet			20. Was the structure originally built for other than a private residence and then converted? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>REMARKS</b> (Attach additional sheets if more space is required)					
<b>ADDITIONAL INTEREST</b>					
INT No.	Type Of Interest	Mortgagee Information			Loan Number
	<input type="checkbox"/> Mortgagee	Name:			
	<input type="checkbox"/> Additional Interest	Address:			
	<input type="checkbox"/> Trust	City:	State:	Zip:	
	<input type="checkbox"/> Mortgagee	Name:			
	<input type="checkbox"/> Additional Interest	Address:			
	<input type="checkbox"/> Trust	City:	State:	Zip:	
<b>ADDITIONAL REQUIREMENTS/ATTACHMENTS</b>					
<input type="checkbox"/> Inspection <input type="checkbox"/> Photographs <input type="checkbox"/> Protection Class 9/10 Questionnaire <input type="checkbox"/> Woodstove Questionnaire/Photos (2) <input type="checkbox"/> Replacement Cost Estimator					

## CLOSING STATEMENT

I have received and read a copy of the "Nationwide Insurance Privacy Statement" as required by the Fair Credit Reporting Act. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Nationwide Mutual Insurance Company and/or other members of the Nationwide 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 Nationwide group to issue, review, and renew the insurance for which I am applying.

I understand that misrepresentation of information on this application could void some or all of my coverages.

I hereby authorize Nationwide Mutual Insurance Company and/or other members of the Nationwide group of insurance companies to obtain copies of consumer reports, to include but not limited to claims loss history reports for use in rating and/or underwriting of my insurance. I understand that in obtaining these reports, a consumer reporting agency may be used.

## 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.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)