

RENTAL DWELLING APPLICATION



152 South Mast Street, PO Box 490
Goffstown, NH 03045-0490
Phone: 1-888-258-1776 ext. 297 Fax 603-429-1843
Contact: Terry Adams
tadams@surpluslinemanagers.com

PRODUCER INFORMATION

[] NEW BUSINESS [] RENEWAL/ REWRITE
Policy No. _____ Previous Policy No. _____

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS: _____

PRODUCER CODE: _____ RETAILER ID: _____
PERSON TO CONTACT: _____
FEDERAL ID / SOCIAL SECURITY #: _____
TELEPHONE: _____ FACSIMILE: _____
DATE SUBMITTED: _____

APPLICANT INFORMATION

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP

APPLICANT IS: [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] ESTATE [] OTHER (SPECIFY) _____

Loc	Street	City	State	Zip

PROPERTY COVERAGE INFORMATION

Loc	Bldg	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Deductible

ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED

Coverage	Premium Amount
Property	\$
General Liability	Limit: \$
Adjustement to Minimum	
Total Premium	\$
Terrorism Risk Insurance Act Coverage Desired?	() Yes () No \$
Mine Subsidence (if applicable)	
Policy Fee (\$25-3 mo, \$50-6 mo, \$100-12 mo)/Inspection Fee	\$
Total with applicable surcharges & fees	\$

GENERAL INFORMATION

ARE ALL UNITS OCCUPIED BY TENANTS? [] YES [] NO

ARE TENANTS REQUIRED TO SIGN AN ANNUAL LEASE? [] YES [] NO

IN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME? [] YES [] NO

HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS? [] YES [] NO

IF YES, WAS THE PROPERTY TO BE INSURED INVOLVED IN THE FORECLOSURE? [] YES [] NO DATE OF FORECLOSURE: _____

IS ANY BUILDING CONSTRUCTED ON STILTS? [] YES [] NO

IS THE DWELLING A CONVERTED BARN OR CARRIAGE HOUSE? [] YES []

IS ANY BUILDING LISTED ON A HISTORICAL REGISTER? [] YES [] NO

IS ANY BUILDING CONSTRUCTED OF LOGS? [] YES [] NO IS THE RISK A CONDOMINIUM UNIT? [] YES [] NO

IS THERE A KITCHEN AND BATHROOM IN ALL RENTAL UNITS? [] YES [] NO

ARE WOOD STOVES, PORTABLE SPACE HEATERS OR TEMPORARY HEATING UNITS USED? [] YES [] NO

DOES THE DWELLING HAVE WORKING SMOKE DETECTORS IN ALL UNITS? [] YES [] NO

DOES THE INSURED LIVE WITHIN 50 MILES OF THE PROPERTY? [] YES [] NO

IS THERE ANY FARMING OR OTHER BUSINESS (INCLUDING CHILD/DAYCARE) CONDUCTED ON THE PREMISES? [] YES [] NO

IS THE DWELLING USED FOR STUDENT HOUSING/FRATERNITY/SORORITY? [] YES [] NO

IS ANY UNIT SUBSIDIZED BY THE GOVERNMENT? [] YES [] NO

IS THERE A POOL, POND, LAKE OR HOT TUB ON ANY OF THE PREMISES? [] YES [] NO

IS ANY LOT SIZE MORE THAN 5 ACRES? [] YES [] NO

ARE THERE ANY NUISANCE HAZARDS ON ANY OF THE PROPERTIES (SWING SETS, VEHICLES, DEBRIS, TRAMPOLINE, FUEL TANKS, UNDERGROUND TANKS, ETC.)? [] YES [] NO

ARE ANY DOGS KEPT ON THE PREMISES? [] YES [] NO ANY DOGS WITH A PREVIOUS BITE HISTORY? [] YES [] NO

ANY DOBERMANS, CHOWS, ROTTWEILERS, PIT BULLS, AKITAS, GREAT DANES, WOLVES OR WOLF HYBRIDS OR ANY MIX OF THESE BREEDS? [] YES [] NO

ARE ANY EXOTIC ANIMALS KEPT ON THE PREMISES? [] YES [] NO

PREMISES INFORMATION

Loc #:	Bldg#:
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Year Built:	Construction:	Square Footage:	No. of Stories:	No. of Units:
Actual Cash Value:	Purchase Price (if purchased in past year):	Date Purchased:	Property Inherited?	Date Rented:
Equipped with functioning circuit breakers:		Type of electrical service:		
Will electrical service be updated?		If Mobile Home, is it anchored and completely skirted?		
Public Protection Class:	Distance to Fire Hydrant:	Fire District:	Active Sprinkler system:	
Active Central Station Fire/Burglar Alarm:		24 Hour Watchman:		
Does someone check on the property on a regular basis?		By whom:	How Often?	
Describe neighborhood:		Describe general condition of bulding:		

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: _____

IS WINDSTORM POOL COVERAGE AVAILABLE? [] YES [] NO

Loc #:	Bldg#:
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MORTGAGEE OR LOSS PAYEE INFORMATION

WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES, ONLY AS LOSS PAYEES.

MORTGAGEE OR LOSS PAYEE: _____

ADDRESS: _____

LOSS INFORMATION

PRIOR CARRIER: _____

POLICY NUMBER: _____ DEDUCTIBLE: _____ PREMIUM: _____

DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF LOSS
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED? [] YES [] NO

CONNECTICUT 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.

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

Original Signature of Producer (Required)

Date _____

Original Signature of Applicant (Required)

Official Title (If Applicable) _____ Date