

RENTAL DWELLING APPLICATION



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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: _____

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 NO

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

MASSACHUSETTS FRAUD STATEMENT:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR AN 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 MAY BE 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 _____