

# 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