



Homeowner Application

Applicant's Name, Address, City, State & Zip

Agent Name

Agent Code: _____

New Primary HO App Quote #: _____

New Secondary HO App Quote #: _____

Rewrite of Policy # _____

Adding Location to Policy # _____

Submitting for **QUOTE ONLY**

Home Phone: _____ Cell Phone: _____

Policy Period From: _____ to _____

Date of Birth: _____ Social Security #: ____-____-____

Marital Status: _____

Occupation & Employer: _____

Yrs Employed: _____

Date of Birth: _____ Social Security #: ____-____-____

Marital Status: _____

Occupation & Employer: _____

Yrs Employed: _____

Previous Address (if less than 3 years): _____

COVERAGE AND RATING INFORMATION

Location of Risk, including County, if different from above:

Limits of Liability

Coverage A - Dwelling \$ _____ Personal Liability \$ _____ Each Occurrence

Coverage B - Related Structures \$ _____ Medical Payments \$ _____ Each Person

Coverage C - Personal Property \$ _____

Coverage D - Loss of Use \$ _____ Zone: _____

Causes of Loss Form: _____

of Families: _____

of Apartment units: _____ *(If apartment is located in a manufactured home, please use a Manufactured Homeowner application)*

Apartment unit is in 1-4 family dwelling

Apartment unit is in a commercial business structure

Apartment unit is in other. Please advise: _____

Apartment unit is Fire Resistive

Deductible: _____

Year of Construction: _____ Construction: _____

Loss Settlement: _____ *(RC requires 100% Insurance to Value-Submit RC Estimator)*

Miles from Fire Department: _____ Feet from Hydrant: _____

Responding Fire District: _____

LOSS HISTORY & PREVIOUS INSURANCE

- Any previous losses, whether or not paid by insurance during the last 5 years, on this risk or **ANY** other previously owned residence of the insured? Yes No
If yes, please complete the following:
Date: _____ Type: _____
Description of Loss: _____ Amount: \$ _____
Date: _____ Type: _____
Description of Loss: _____ Amount: \$ _____
- If loss has occurred, has damage been repaired? Yes No
- Name Previous Insurance Company: _____ Policy Expiration Date: _____
- Has any company cancelled, non-renewed or refused insurance (*including non-payment of premium*) for this applicant? Yes No
- If yes, why? _____

MORTGAGEE / ADDITIONAL INSURED INFORMATION

(List Name, Address, City, State, Zip & Interest)

- Mortgagee Additional Insured
Interest: _____
- Mortgagee Additional Insured
Interest: _____

BILLING INFORMATION

- Bill Policy to:** **If other, please include name & address below:**
- Insured Quoted Premium \$ _____
- Mortgagee
- Other Deposit Amount \$ _____
- Transfer money from Policy # _____ Insured's Initials: _____

UNDERWRITING INFORMATION

GENERAL INFORMATION

- How long has applicant owned this risk? _____ years
- If less than 3 years, provide: Purchase Price \$ _____, & Cost of Improvement \$ _____
- If more than 3 years, provide: Market Value \$ _____, & Replacement Cost \$ _____
- Is this property currently occupied? Yes No
- Is this the primary residence of the insured? Yes No

If this is a secondary/seasonal home please complete and attach the Secondary Homeowner Supplemental Questionnaire.

- Are there any other structures on premises considered to be related private structures (*garages, sheds, etc*)
Yes No If yes, describe: _____
- Are there any farm style buildings on premises (*farm barns, silo, etc.*)? Yes No
- If yes, describe: _____

UNDERWRITING INFORMATION (CONTINUED)

UTILITIES

Type of central heat system: Hot Air Furnace Fuel Type? _____ Hot Water Boiler Fuel Type? _____
 Electric Baseboard Other Yr Updated _____

Any of the following: Woodstoves (*Mandatory Interior Inspection*) Pellet Stoves Freestanding Space Heaters

Does dwelling contain circuit breakers at main service panel? Yes No Yr Updated _____

Has roof been replaced in last 20 years? Yes No Yr Updated _____

LIABILITY QUESTIONS

Any business conducted on premises (*in dwelling or or an outbuilding*)? Yes No

If yes, describe: _____

Is there a commercial policy for this exposure? Yes No

Any of the following: Swimming Pool Pond Other Water Frontage Exposure

If yes, make selections for better description: Above Ground Pool Inground Pool
 Diving Board Slide Fenced w/ Locking Gate

Any dogs owned by any residents of the property (*attach dog questionnaire*)? Yes No

Any other animals owned or kept on property? Yes No If yes, explain: _____

Are all stairways equipped with handrails? Yes No

Is yard free of debris and unregistered motor vehicles? Yes No

If no, explain: _____

MANDATORY ENDORSEMENTS

FORM

FORM TITLE

- ML - 243** **INFLATION GUARD** - 1% PER QUARTER INCLUDED
Higher quarterly limits available - if higher limit desired, indicate percentage per quarter. _____%
- ML - 52A** **TRAMPOLINE EXCLUSION**

OPTIONAL PROPERTY ENDORSEMENTS

- DML - 152** **HOMEOWNERS VIP COVERAGE** (*ML-1R ineligible*)
Includes Replacement Cost Contents, Earthquake, Disaster Recovery, etc.
- ML - 150** **HOMEOWNERS PLUS**
- ML - 151** **HOMEOWNERS DELUXE**
- ML - 55** **REPLACEMENT COST CONTENTS** (*Not needed if VIP coverage requested*)
- ML - 216** **PROTECTIVE DEVICE CREDIT**
___ Smoke Detectors - 2% Credit
___ Local Fire Alarm - 5% Credit (*Certificate Required*)
___ Central Station Burglar and or Fire Alarm - 10% Credit (*Certificate Required*)
___ Sprinkler System - 3% Credit

OPTIONAL PROPERTY ENDORSEMENTS (CONTINUED)

<u>FORM #</u>	<u>FORM TITLE</u>
<input type="checkbox"/> ML - 48	RELATED PRIVATE STRUCTURES <i>(garage or shed type, not farm type structures)</i> Description: _____ Limit \$ _____ Description: _____ Limit \$ _____
<input type="checkbox"/> ML - 40	PRIVATE STRUCTURES RENTED TO OTHERS (1 OR 2 FAMILIES) Description: _____ # of Families: _____ Limit \$ _____ Description: _____ # of Families: _____ Limit \$ _____
<input type="checkbox"/> ML-57	CREDIT CARD, FORGERY AND COUNTERFEIT MONEY Deductible: _____
<input type="checkbox"/> ML-189	IDENTITY FRAUD ENDORSEMENT
<input type="checkbox"/> ML - 303	FARM BARN STRUCTURES (FIRE, EC & VMM) # of Stories: ____ Location & Use: _____ Limit \$ _____ Deductible: _____
<input type="checkbox"/> FL - 3A	BARN COVERAGE Used for: _____ Used for: _____ Cause of Loss: _____ Cause of Loss: _____ Limit \$ _____ Limit \$ _____ Deductible: _____ Deductible: _____
<input type="checkbox"/> ML - 65H	HIGHER LIMITS OF CERTAIN PROPERTY Business Property Limit \$ _____ Motorized Vehicles Limit \$ _____ Dismounted Camper Bodies Limit \$ _____ Securities Limit \$ _____ Grave Markers Limit \$ _____ Guns Limit \$ _____ Silver, Gold & Pewter Ware Limit \$ _____ Unscheduled Jewelry Limit \$ _____ Money Limit \$ _____ Watercraft Limit \$ _____
<input type="checkbox"/> ML - 67	OTHER RESIDENCE COVERAGE <i>(complete and attach separate application)</i>
<input type="checkbox"/> DML - 17	THEFT OF BUILDING MATERIALS Limit \$ _____
<input type="checkbox"/> ML - 24A	RESIDENCE SPECIAL LOSS SETTLEMENT <i>(Up to 25% of Coverage A, ML-1R ineligible)</i>

OPTIONAL LIABILITY ENDORSEMENTS

<u>FORM #</u>	<u>FORM TITLE</u>
<input type="checkbox"/>	ADDITIONAL RESIDENCE PREMISES LIABILITY - OCCUPIED BY INSURED Photo Required Location: _____ # of Families: _____
<input type="checkbox"/> ML - 10	FARMERS COMPREHENSIVE PERSONAL LIABILITY Occupied by Insured: _____ Initial Farm Exposure # of Acres: _____ Rented to others: _____
<input type="checkbox"/> ML - 326	BED & BREAKFAST EXPOSURE # OF ROOMS: _____ Maximum of 4 rooms to rent - over 4 must go Commercial

OPTIONAL LIABILITY ENDORSEMENTS (CONTINUED)

FORM #

FORM TITLE

ML - 326 **CHILD DAY CARE LIABILITY** # OF CHILDREN: _____

Licensed family day care only - maximum of 8 children *(copy of NYS certificate required)*

(No Group licensed child day care operations)

Complete Day Care Supplement. *Premium charge for 8 children will apply to all policies with this endsmt.*

ML - 70 **ADDITIONAL RESIDENCE PREMISES LIABILITY - RENTED TO OTHERS**

Location: _____ 1 or 2 Family: _____

Location: _____ 1 or 2 Family: _____

ML - 71 **BUSINESS PURSUITS:** NAME OF BUSINESS: _____

___ Clerical Office Employees

___ Salespersons, Collectors or Messengers

___ Teacher

REFER TO MANUAL FOR COMPLETE LIST OF OPTIONAL ENDORSEMENTS

DML - 152 VIP ENDORSEMENT HIGHLIGHTS

Dryden Mutual's VIP Endorsement, when added to your policy, provides a wide array of coverage extensions, making your Dryden Mutual Homeowners Package one of the most inclusive policies available. Following is a summary of the coverage provided. Refer to the actual form for specific terms and conditions.

COVERAGE EXTENSION	ADDITIONAL LIMIT
1. Replacement Cost on Contents.....	Increase Coverage C - Contents limit to 70% of Coverage A
2. Earthquake & Earth Movement Damage.....	Up to policy limits of liability (subject to special deductible)
3. Disaster Recovery Expenses Related to Power Outage of MORE than 24 hours	
A. Additional Living Expenses.....	Up to \$75 per day for up to 10 consecutive days. Maximum \$750
or	
B. Generator Extra Expense.....	Up to \$75 per day for up to 10 consecutive days. Maximum \$750
4. Disaster Debris Removal	
A. Debris Removal Expense.....	Up to an additional 5%
B. Removal of Trees.....	Up to \$500
5. Refrigerated Food Products.....	\$500 or up to 1% of Coverage C
6. Pet Boarding.....	Up to \$250
7. Back up to Sewers & Drains.....	Up to 2.5% of Coverage A
8. Functional Replacement Computer.....	Up to 2.5% of Coverage C
9. Replacement of Locks.....	Up to \$500 per occurrence
10. Landlord Property.....	Up to \$2,500 per occurrence
11. Contingent Compliance with Building Codes.....	Up to 5% of Coverage A
12. Personal Injury Coverage.....	Up to limit of liability
13. Prejudgment Interest.....	Within limit of liability
14. Pollution Liability Extension as a result of a Coverage C Cause of Loss	
15. Medical Payments.....	Increased by \$1,000
16. Damage to Property of Others.....	Increased by \$500

AGENTS

Was prior approval given from underwriting for this risk? Yes No Details: _____

Has this property been visually inspected by agency staff? Yes No

Overall condition of risk: _____

Is insured new to your agency? Yes No

Does insured have any other policies with Dryden Mutual? Yes No

If yes, please provide policy number: _____

REMARKS

AGENCY USE: ATTACHMENTS TO APPLICATION

Photos #: _____

Replacement Cost Square Foot Estimator

Dog Owner Questionnaire

Day Care Liability Questionnaire

For questions regarding this application, please contact Agency Service Representative:

Name: _____ Phone: _____ Ext: _____

Email Address: _____

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which the application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies for Insurance Coverage as set forth in the application and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his or her knowledge true.

INSURANCE FRAUD WARNING NOTICE

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.

Agent: _____ Date: _____ Applicant: _____



Credit Card Authorization Form

Please complete **ALL** of the following information for any new business application.

Visa Mastercard *These are the only cards accepted.*

Credit Card #:

Expiration Date: _____ mm/yy Amount: _____

Billing Information as listed on the Credit Card

First Name: _____ Last Name: _____ Middle Initial: _____

Business Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____

Authorization Signature: _____ Date: _____

New Business

Existing Policy

Policy #: _____

Named Insured: _____

Agency Name: _____

