



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: ML-1R ML-2 Broad ML-3 Special ML-4 Tenant ML-5 Superior

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: \$100 \$250 \$500 \$1,000 \$2,500

Year of Construction: _____ Construction: Frame Masonry Fire Resistive

Loss Settlement: Actual Cash Value Replacement Cost *(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 (Y/N)? _____
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 (Y/N)? _____
- Name Previous Insurance Company: _____ Policy Expiration Date: _____
- Has any company cancelled, non-renewed or refused insurance (*including non-payment of premium*) for this applicant (Y/N)? _____
- 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 (Y/N)? _____

Is this the primary residence of the insured (Y/N)? _____

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*) (Y/N)? _____

If yes, describe: _____

Are there any farm style buildings on premises (*farm barns, silo, etc.*) (Y/N)? _____

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 (Y/N)? _____ Yr Updated _____

Has roof been replaced in last 20 years (Y/N)? _____ Yr Updated _____

LIABILITY QUESTIONS

Any business conducted on premises (*in dwelling or or an outbuilding*) (Y/N)? _____

If yes, describe: _____

Is there a commercial policy for this exposure (Y/N)? _____

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*) (Y/N)? _____

Any other animals owned or kept on property (Y/N)? _____ If yes, explain: _____

Are all stairways equipped with handrails (Y/N)? _____

Is yard free of debris and unregistered motor vehicles (Y/N)? _____

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)

| | | |
|--------------------------|-----------------|--|
| <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"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 |
| <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"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 |
| <input type="checkbox"/> | FL - 3A | BARN COVERAGE |
| | | Used for: _____ Used for: _____ |
| | | Cause of Loss: <input type="checkbox"/> Fire Only <input type="checkbox"/> Fire & EC <input type="checkbox"/> Fire, EC & VMM |
| | | Cause of Loss: <input type="checkbox"/> Fire Only <input type="checkbox"/> Fire & EC <input type="checkbox"/> Fire, EC & VMM |
| | | Limit \$ _____ Limit \$ _____ |
| | | Deductible: <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 |
| | | Deductible: <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 |
| <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

| | | |
|--------------------------|----------------|--|
| <input type="checkbox"/> | FORM # | FORM TITLE |
| <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: _____ |

OPTIONAL LIABILITY ENDORSEMENTS (CONTINUED)

| <u>FORM #</u> | <u>FORM TITLE</u> | |
|-----------------------------------|--|----------------------|
| <input type="checkbox"/> ML - 326 | BED & BREAKFAST EXPOSURE Maximum of 4 rooms to rent - over 4 must go Commercial | # OF ROOMS: _____ |
| <input type="checkbox"/> ML - 326 | CHILD DAY CARE LIABILITY Licensed family day care only - maximum of 8 children <i>(copy of NYS certificate required)</i> (No Group licensed child day care operations) Complete Day Care Supplement. <i>Premium charge for 8 children will apply to all policies with this endsmt.</i> | # OF CHILDREN: _____ |
| <input type="checkbox"/> ML - 70 | ADDITIONAL RESIDENCE PREMISES LIABILITY - RENTED TO OTHERS Location: _____ 1 or 2 Family: _____ | |
| <input type="checkbox"/> 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 (Y/N)? _____ Details: _____

Has this property been visually inspected by agency staff (Y/N)? _____

Overall condition of risk: Fair Good Excellent

Is insured new to your agency (Y/N)? _____

Does insured have any other policies with Dryden Mutual (Y/N)? _____

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: _____

