



THE ANDOVER COMPANIES

DWELLING FIRE APPLICATION

Renewal of: _____ Rewrite of: _____ New City Code _____

COMPANY	<input type="checkbox"/> MERRIMACK MUTUAL <input type="checkbox"/> CAMBRIDGE MUTUAL <input type="checkbox"/> BAY STATE	AGENCY	NAME _____ CITY _____ STATE _____ ZIP _____ AGENCY CUSTOMER ID _____	AGENCY CODE	PROD/BROKER	UNDERWRITING						
POLICY INFORMATION	POLICY NUMBER		POLICY PERIOD		BILLING INFORMATION	PAY PLAN	IF DIRECT BILL:	CASH WITH APPLICATION				
			EFFECTIVE DATE	EXPIRATION DATE		<input type="checkbox"/> Account Current <input type="checkbox"/> Direct Bill-Insured <input type="checkbox"/> Direct Bill-Mortgage	<input type="checkbox"/> Prepaid <input type="checkbox"/> 3-Pay Plan	\$				
INSUREDS NAME & MAILING ADDRESS				MORTGAGEE'S NAME & ADDRESS								
	Zip											
	SS#	DOB			Zip				Loan Number			
	Phone #											
RISK LOCATION & LEGAL DESCRIPTION Complete if Different From Mailing Address				CHECK ONE: NAME/ADDRESS OF ADDITIONAL MORTGAGEES OR OTHER INTERESTS	<input type="checkbox"/> 2nd Mortgagee							
	Zip				Name of Fire Dist.							
RATING INFORMATION	ZONE	F O R M	No. of Fam.	OCCUPANCY	CONSTRUCTION	P L A S T I C	DEDUCTIBLE AMOUNT	FIRE HYDRANT	FIRE STATION	INSIDE	YEAR BUILT	
				<input type="checkbox"/> By Owner <input type="checkbox"/> By Tenant No. of Apartments _____ If tenant occupied complete Section 10 on reverse side.	<input type="checkbox"/> Frame <input type="checkbox"/> Fire Resistant <input type="checkbox"/> BV <input type="checkbox"/> Brick <input type="checkbox"/> Fr./Aluminum Siding		\$	<input type="checkbox"/> Under 1000 ft. <input type="checkbox"/> Over 1000 ft.	<input type="checkbox"/> Under 5 miles <input type="checkbox"/> Over 5 miles	<input type="checkbox"/> City <input type="checkbox"/> Fire Dist.		
POLICY COVERAGE	DESCRIPTION OF PROPERTY		AMOUNT OF INSURANCE		DWELLING Check (✓) Peril Desired					PREMIUM		
					Fire	E.C.	V/mm	Broad	Special		Bldg.	Cts.
	BUILDING										Fire	
	CONTENTS										E.C.	
PREMISES LIABILITY COVERAGE	FORM DL-10		D.L. & T PREMISES LIABILITY (WHERE COMPANY AUTHORIZED)			TERR.		TOTAL PREMIUM \$				
	COVERAGE		Limits of Liability		Premium		LOSS HISTORY					
	A. Bodily Injury Liability		Property Damage Liability				DATE	AMT PAID	DESCRIPTION OF LOSS			
	B. Medical Payments		Ea. Per Ea. Occ.									
	C. Personal Injury DL-11											
D. Does D-100 landlord's special savings credit apply? <input type="checkbox"/> Yes <input type="checkbox"/> No												

EXPLAIN PARTICULARS IN REMARKS SECTION

1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care) If "Yes", list gross receipts: \$	YES	NO	11. ANY CLAIMS LAST FIVE YEARS	YES	NO
2. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			12. IS THE INSURED KNOWN PERSONALLY TO ANYONE IN YOUR OFFICE		
3. ANY FIRE/BURGLAR/SPRINKLER/SMOKE DETECTOR DEVICE? (Provide type of installation; include copy of certificate for additional credit).			13. IS DWELLING LOCATED IN BUILT-UP SUBDIVISION?		
4. SWIMMING POOL ON PREMISES?			14. IS THIS A SEASONAL DWELLING?		
A. Is swimming pool in ground?			15. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)		
B. Is swimming pool fenced? Type?					
5. IS THERE AN UNDERGROUND OIL STORAGE TANK ON PREMISES?			16. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		
6. IS BUILDING UNDER CONSTRUCTION OR RENOVATION? IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			17. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet		
7. IS WOOD OR COAL STOVE PRESENT?			18. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
A. If yes, has stove been inspected?			19. IS THERE A TRAMPOLINE ON THE PREMISES?		
B. Is stove major source of heat?					
8. ANY OTHER INSURANCE WITH COMPANY? (List policy no.)					
9. ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED (Last 3 yrs.)?					

10. IF TENANT OCCUPIED, THE FOLLOWING MUST BE COMPLETED:

A. Name of tenant(s): _____

B. Insurance Company and Policy Number providing HO-4 coverage: _____

SUBMIT COMPLETED APPLICATION ONLY ONCE IF FAXED DO NOT FOLLOW WITH ORIGINAL

REMARKS:

BINDER/SIGNATURE:		<p>IF THE BINDER BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>This Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.</p> <p>This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This Binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.</p>
INSURANCE BINDER		
<input type="checkbox"/> COVERAGE IS NOT BOUND		
<input type="checkbox"/> BINDER		
EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	
TIME	12:01 A.M.	
	NOON	

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

Any person who knowingly and with intent to defraud any insurance company or another 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 thereof, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. In ME, insurance benefits may also be denied. (NY specific: "The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.")

APPLICANT'S STATEMENT: I have read the above application and any attachments. I declare that the information in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	AGENT'S SIGNATURE
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