



NEW YORK DWELLING FIRE AND SPECIALTY HOMEOWNERS INSURANCE APPLICATION

REFERENCE / POLICY NUMBER	EFFECTIVE DATE	You must have a completed and signed application with front and rear view photos of the dwelling. DO NOT MAIL BOUND APPLICATIONS. If coverage is bound you MUST: 1. Process within 5 days of the effective date. 2. Enter policy at www.ForemostSTAR.com , OR 3. Call Toll-Free 1-800-527-3905.
PRODUCER INFORMATION		
PRODUCER CODE		
PRODUCER NAME		
PHONE NUMBER	FAX NUMBER	

POLICY INFORMATION			
<input type="checkbox"/> Dwelling Fire One (Fire and EC Perils) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Vacation and Short Term Rental <input type="checkbox"/> Vacant	<input type="checkbox"/> Dwelling Fire Three (Comprehensive Coverage) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Vacation and Short Term Rental	<input type="checkbox"/> Classic ACV HO (Comprehensive Coverage) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary	<input type="checkbox"/> Classic CL HO (Comprehensive Coverage) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal/Secondary

INSURED INFORMATION	Applicant includes all entities &/or individuals to be listed on our policy as Named Insured, including those Named Insureds listed under the additional interest section.
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IS THE DWELLING DEEDED IN A NAME OTHER THAN AN INDIVIDUAL(S)? YES NO

INSURED TYPE:	<input type="checkbox"/> Individual <input type="checkbox"/> Life Estate	<input type="checkbox"/> Trust-Land <input type="checkbox"/> In Estate	<input type="checkbox"/> Trust-Family <input type="checkbox"/> Business Name	<input type="checkbox"/> Trust-Living <input type="checkbox"/> Other
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If Individual is selected, complete Individual First Named Insured information. For all others, complete both Individual with Control and Entity that appears on the Title or Deed.

INSURED TYPE INDIVIDUAL	First Named Insured† (Credit & loss reports when applicable, will be obtained on this person.)				
	LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — — —
	PHONE NUMBER ()			WORK PHONE NUMBER ()	
	IS THE FIRST NAMED INSURED ON THE DEED/TITLE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	If NO, is this a Land Contract or Buy For agreement? (N/A if use is Rental, Vacation and Short Term Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO				
	DOES THE FIRST NAMED INSURED RESIDE IN THE DWELLING? (N/A if use is Rental, Vacation and Short Term Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO				
INSURED TYPE OTHER	Second Named Insured†				
	LAST NAME	FIRST NAME	MIDDLE INITIAL		
	IS THE SECOND INSURED A FAMILY MEMBER RELATED TO THE NAMED INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	If NO, does the second insured have an insurable interest in the dwelling? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	DOES THE SECOND INSURED RESIDE IN THE DWELLING? (N/A if use is Rental, Vacation and Short Term Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO				

INSURED TYPE OTHER	ENTITY THAT APPEARS ON THE TITLE OR DEED†: _____				
	First Individual with Control (Credit & loss reports when applicable, will be obtained on this person.)				
	LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER — — —
	PHONE NUMBER ()			WORK PHONE NUMBER ()	
	DOES THE FIRST INDIVIDUAL WITH CONTROL RESIDE IN THE DWELLING? (N/A if use is Rental, Vacation and Short Term Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO				
	Second Individual with Control				
LAST NAME	FIRST NAME	MIDDLE INITIAL			
DOES THE SECOND INDIVIDUAL WITH CONTROL RESIDE IN THE DWELLING? (N/A if use is Rental, Vacation and Short Term Rental, or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO					

PROPERTY LOCATION ADDRESS				
STREET AND HOUSE NUMBER	CITY	STATE	ZIP CODE	COUNTY
IN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY F/D	PROTECTION CLASS	WITHIN 1,000 FT. OF FIRE HYDRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WITHIN 5 MILES OF FIRE DEPT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF RENTAL OR VACANT, SITE-BUILT PROPERTIES INSURED BY FOREMOST? _____				
IS THERE A LANDLORD ASSOCIATION YOU BELONG TO? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, provide name of association you belong to _____				
IS PROPERTY MANAGED BY A MANAGEMENT COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, provide management company name _____				
TENANT SCREENINGS (Check all that apply): <input type="checkbox"/> Credit Check <input type="checkbox"/> Eviction Search <input type="checkbox"/> Skip Search <input type="checkbox"/> HO4 Tenant policy on file <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> None				
DOES THE INSURED HAVE ANOTHER IN-FORCE PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
A life policy must be term, whole, universal or variable universal policy, have a face amount of \$50,000 or greater, issued to an adult and in-force.				

MAILING ADDRESS			
SAME AS PROPERTY ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please provide additional information below.			
STREET AND HOUSE NUMBER	CITY	STATE	ZIP CODE

ELIGIBILITY INFORMATION

CONSTRUCTION TYPE: <input type="checkbox"/> Frame <input type="checkbox"/> 90% or more Brick/Masonry <input type="checkbox"/> 90% or more Fire Resistant <input type="checkbox"/> 90% or more Masonry Veneer <input type="checkbox"/> 90% or more Hardi-Plank <input type="checkbox"/> Other* _____	DWELLING CLASSIFICATION: <input type="checkbox"/> Traditional Site Built <input type="checkbox"/> Log Home <input type="checkbox"/> Other (Describe)* _____ <input type="checkbox"/> Adobe <input type="checkbox"/> Metal* <input type="checkbox"/> Earth Home* <input type="checkbox"/> Modular <input type="checkbox"/> Manufactured (Mobile/Multi-Sectional) - Vacant Only Unacceptable = Condo, Dome Homes, Straw Homes, Manufactured (Mobile/Multi-Sectional) - Occupied
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FOUNDATION: <input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Closed with Crawl Space (continuous foundation) <input type="checkbox"/> Open - Height 2 Feet or Lower	<input type="checkbox"/> Open - Height More than 2 Feet <input type="checkbox"/> Wood* <input type="checkbox"/> Other* _____
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NUMBER OF FAMILY UNITS? Fire: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 HO: <input type="checkbox"/> 1 <input type="checkbox"/> 2	NUMBER OF RESIDENTIAL DWELLINGS ON SAME PREMISES? _____ Note: If requesting liability coverage, properties with multiple dwellings on the same premises must be written through Foremost and must be written with the same liability limit.
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PRIMARY HEATING METHOD: <input type="checkbox"/> Coal Furnace <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Fireplace* <input type="checkbox"/> Furnace - Gas (Incl. LPG) or Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Liquid Fuel Furnace/Space Heater & Above Ground Tank less than 20 yrs. old <input type="checkbox"/> Liquid Fuel Furnace/Space Heater & Above Ground Tank 20 yrs. or older=Unacceptable <input type="checkbox"/> Liquid Fuel Furnace/Space Heater & Buried Tank less than 15 yrs. old <input type="checkbox"/> Liquid Fuel Furnace/Space Heater & Buried Tank 15 yrs. or older=Unacceptable Note: Buried Bare Steel Tanks = Unacceptable Permanent Gas/Electric Space Heater Requirements - Must be UL approved, professionally installed and attached by fuel supply lines or wall mounted and thermostatically controlled.	<input type="checkbox"/> Portable Space Heater* (Kerosene = Unacceptable) <input type="checkbox"/> Permanent Gas/Electric Space Heater - YES (meets requirements) <input type="checkbox"/> Permanent Gas/Electric Space Heater - NO (does not meet requirements) <input type="checkbox"/> Steam <input type="checkbox"/> Woodburner* <input type="checkbox"/> None <input type="checkbox"/> Other* _____
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AUXILIARY HEAT NO YES (Select type from Primary Heating Methods listed above) _____

DWELLING PURCHASE DATE (MO/YEAR)	AMOUNT OF INSURANCE	CURRENT MARKET VALUE OR ACV (Less Land)	REPLACEMENT AMOUNT (When replacement cost is purchased)	TOTAL SQUARE FEET
_____/____/____	\$ _____	\$ _____	\$ _____	_____

ELIGIBILITY QUESTIONS ▼ If question at left is "NO" skip to the next question. If "YES" select options below. ▼

Is there a swimming pool with a depth of more than 2.5 feet on premises? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Pool is Unfenced or Not Fully Enclosed* <input type="checkbox"/> Fence or Pool Height 4 Feet or Higher <input type="checkbox"/> Fence or Pool Height Less than 4 Feet* <input type="checkbox"/> Other* _____
Is the dwelling currently vacant? <input type="checkbox"/> NO <input type="checkbox"/> YES	Are the following vacancy requirements met? <input type="checkbox"/> NO (Unacceptable) <input type="checkbox"/> YES Requirements = Intent to sell, rent or occupy; vacant for less than 24 months; completely secured; and if currently uninsured, has been uninsured for less than 12 months prior to effective date. <input type="checkbox"/> Up for Sale <input type="checkbox"/> Currently Up for Rent <input type="checkbox"/> New Purchase/Inherited <input type="checkbox"/> Nursing Home/Assisted Living <input type="checkbox"/> Under Renovation <input type="checkbox"/> Deceased/In Estate <input type="checkbox"/> Other* _____
Owner Occupied Do you have any roomers or boarders? <input type="checkbox"/> NO <input type="checkbox"/> YES Non-owner Occupied Is the dwelling used for student housing? <input type="checkbox"/> NO <input type="checkbox"/> YES Refer to Program Guide for eligibility.	<input type="checkbox"/> 1 or 2 Roomers/Boarders <input type="checkbox"/> Graduate Students* - Number of Students _____ Unacceptable = Fraternity/Sorority, Student Housing <input type="checkbox"/> Other* _____ Unacceptable = 3 or more roomers/boarders
Business, including Farm/Ranch on premises? <input type="checkbox"/> NO <input type="checkbox"/> YES Refer to Program Guide for business definition and eligibility.	Is the business incidental use? <input type="checkbox"/> NO <input type="checkbox"/> YES Business: <input type="checkbox"/> Office* <input type="checkbox"/> Art Studio* <input type="checkbox"/> Other* _____ <input type="checkbox"/> Day Care* <input type="checkbox"/> Musical or Dance Lessons* Unacceptable = Auto Repair & Beauty Salon Farming: <input type="checkbox"/> Farms 25 acres or less & no farm animals <input type="checkbox"/> Farms 25 acres or less & owns 10 or less farm animals <input type="checkbox"/> Owns 10 or less farm animals and no farming <input type="checkbox"/> Other* _____ Unacceptable = Farms more than 25 acres, owns more than 10 farm animals, rents land to others, earns more than \$5,000 or boards animals of others.

Is there existing damage or needed repairs to Roof, Dwelling, Chimney, Foundation, Premises or Out Building? <input type="checkbox"/> NO <input type="checkbox"/> YES*	Roof: <input type="checkbox"/> None <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Missing Shingles <input type="checkbox"/> Leaking Roof <input type="checkbox"/> Age - Wear & Tear <input type="checkbox"/> Curling Shingles <input type="checkbox"/> Moss <input type="checkbox"/> Wavy/Buckling Roof <input type="checkbox"/> Other* _____
	Dwelling: <input type="checkbox"/> None <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Missing or Damaged Siding <input type="checkbox"/> Peeling Paint Greater than 30% of Dwelling <input type="checkbox"/> Peeling Paint 30% or Less of Dwelling <input type="checkbox"/> Missing/Broken/Boarded Windows <input type="checkbox"/> Rotting or Exposed Wood <input type="checkbox"/> Damage to Fascia or Soffit Boards <input type="checkbox"/> Rotted Porch or Deck Boards <input type="checkbox"/> Structural Damage <input type="checkbox"/> Missing/Damaged Railings <input type="checkbox"/> Other* _____
	Chimney: <input type="checkbox"/> None <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Missing and or Loose Bricks <input type="checkbox"/> Leaning Chimney <input type="checkbox"/> Deteriorated Mortar <input type="checkbox"/> Other* _____
	Foundation: <input type="checkbox"/> None <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Cracking and/or Settling <input type="checkbox"/> Mold and/or Mildew <input type="checkbox"/> Other* _____
	Premises: <input type="checkbox"/> None <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Debris on Premises <input type="checkbox"/> Disabled Vehicles <input type="checkbox"/> Appliances on Property <input type="checkbox"/> Sidewalks/Driveways/Steps in Poor Condition <input type="checkbox"/> Other* _____
	Out Building: <input type="checkbox"/> None <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Roof Damage <input type="checkbox"/> Missing/Damaged Siding <input type="checkbox"/> Missing/Broken/Boarded Windows <input type="checkbox"/> Graffiti <input type="checkbox"/> Structurally Unsound <input type="checkbox"/> Other* _____

* Underwriting approval may be required.

ELIGIBILITY QUESTIONS		▼ If question at left is "NO" skip to the next question. If "YES" select options below. ▼	
Is the Dwelling under construction or renovation? <input type="checkbox"/> NO <input type="checkbox"/> YES	Work completed by a licensed contractor? <input type="checkbox"/> NO <input type="checkbox"/> YES Anticipated Completion Date ____/____/____ <input type="checkbox"/> More Than One Apply - Check All That Apply <input type="checkbox"/> New Dwelling - Fully-Enclosed* <input type="checkbox"/> Interior Cosmetic <input type="checkbox"/> Room Addition* <input type="checkbox"/> Siding Replacement <input type="checkbox"/> Room Remodel <input type="checkbox"/> Window Replacement <input type="checkbox"/> Roof Replacement <input type="checkbox"/> Updates to Heat/Electric/Plumbing* Unacceptable = New Dwelling Semi-Enclosed <input type="checkbox"/> Other* _____		
Do you or any person who resides at the dwelling own, keep or shelter an animal that has caused harm or an unacceptable dog? Unacceptable - Akita, Chow, American Staffordshire Terrier, Presa Canario, Pit Bull, Rottweiler, Doberman Pinscher, Wolf Hybrid or any dog that is a mix that includes one or more of the breeds listed above. <input type="checkbox"/> NO <input type="checkbox"/> YES			
Do you or any person who resides at the dwelling own, keep or shelter an exotic or unusual animal that would increase liability concerns? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Small Lizards/Iguanas <input type="checkbox"/> Ferrets <input type="checkbox"/> Boa Constrictors/Pythons* <input type="checkbox"/> Other* _____		
Is the property currently uninsured? (Excludes new purchase) <input type="checkbox"/> NO <input type="checkbox"/> YES	Last date of insurance ____/____/____ <input type="checkbox"/> Policy Lapsed <input type="checkbox"/> Never-Insured		
Have you been cancelled, declined or non-renewed, including for non-payment, within the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Non-Payment of Premium <input type="checkbox"/> Credit History <input type="checkbox"/> Change In Occupancy <input type="checkbox"/> Dwelling/Other Structures - Condition* <input type="checkbox"/> Loss History <input type="checkbox"/> Vacant <input type="checkbox"/> Unacceptable Animal* <input type="checkbox"/> Dwelling - Age or Value <input type="checkbox"/> No Supporting Business <input type="checkbox"/> Other Liability Hazards* <input type="checkbox"/> Prior Carrier Withdrew State/Agency <input type="checkbox"/> Lack of Heat/Electric/Plumbing Updates* <input type="checkbox"/> Other* _____		
Have you had a Foremost policy cancelled, declined or non-renewed for underwriting reasons within the past 5 years? (Excludes non-payment) <input type="checkbox"/> NO <input type="checkbox"/> YES*			
Have you had 3 or more Foremost policies cancel for non-pay within the last 5 years, regardless of policy type? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, unacceptable.		
Is the electrical service less than 100 AMP? (Applies to each unit in a multi-family dwelling) <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, unacceptable.		
Is there a trampoline on premises? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Any garage or outbuilding with wood/solid fuel burning or portable kerosene heating device? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, unacceptable.		

DWELLING INFORMATION	
YEAR BUILT:	YEAR UPDATED (Complete replacement only. If not complete replacement, use year built.): Plumbing _____ Electrical _____ Heating _____ Roof _____
ROOF TYPE:	<input type="checkbox"/> Asphalt <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Wood shake <input type="checkbox"/> Tile <input type="checkbox"/> Other* _____ Unacceptable = Roofing Material Over Wood Shake/Shingles
SECURITY DEVICES (Check all that apply):	<input type="checkbox"/> None <input type="checkbox"/> Bars on Windows & Doors w/quick release <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Carbon Monoxide Detector <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Central Fire Alarm <input type="checkbox"/> Dead Bolt <input type="checkbox"/> Other* _____ <input type="checkbox"/> Burglar Alarm (Includes both Local & Central) <input type="checkbox"/> Fire Extinguisher
Is the dwelling a row house or townhouse? (Refer to Program Guide for Row house/Townhouse definition) <input type="checkbox"/> NO <input type="checkbox"/> YES	

LOSS HISTORY									
Have there been any losses at this or any other location owned or previously owned by the applicant within the last 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If YES, please provide information.</i>									
DATE	CAUSE (Example: Fire, Wind, Hail)	CAT RELATED?	OCCUPANCY AT TIME OF LOSS? (owner-occupied)	DESCRIPTION	WAS LOSS LOCATION SAME AS DWELLING LOCATION? (non owner-occupied)	AMOUNT PAID	STATUS	REPAIRED	
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES	
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES	
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES	
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES	
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES	

ADDITIONAL QUESTION	
Only required for rental and vacant dwellings located within Buffalo, Rochester or NYC — Is the completed Anti-Arson application on file? <i>If NO, a completed Anti-Arson application, Form 738644, must be attached before coverage can be bound.</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have hurricane/storm shutters or hurricane-resistant laminated glass windows and doors been installed on all exterior wall openings?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is the home lead-abated? (Applicable to pre-1980, non-owner occupied homes. Also applies to the rental units of multi-family owner occupied dwellings built before 1980.) <i>If NO, liability will exclude lead related liability.</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES

* Underwriting approval may be required.

