



PO Box 690355, Quincy MA 02269
 (617) 471-7171 Fax: (617) 471-7180
 www.xsbrokers.com

NOTICE TO AGENT
BILLINGS INSTRUCTIONS
 Indicate below how you wish Renewals to be billed.
 Insured Mortgage Co. Agent

Dwelling & Habitational Fire Application

Applicant's Name _____
 Mailing Address _____

Agent Name _____
 Address _____

Prefer photo with application.

PROPOSED EFFECTIVE DATE:

Perils to be Insured:

Fire E.C. VMM Premises Liability Personal Liability Residence Burglary Deductible: \$ _____

Wind Excluded YES NO Wind Deductible: \$ _____

From _____ To _____
12:01 A.M., Standard Time at the address of the Applicant

MORTGAGEE _____

ADDRESS _____ LOAN # _____

Dwelling #1 Limits:

\$ _____ a. Masonry Frame
 b. 1 family 2 family 3 family 4 family
 c. Owner Tenant Renovation
 d. Vacant Seasonal Builders Risk
 e. Located at: _____

\$ _____ On contents in the above dwelling.
 \$ _____ Premises Liability/Personal Liability.
 \$ _____ Residence Burglary.
 \$ _____ Additional Living Expense/Loss of Use.
 \$ _____ Other Structures—describe: _____

Dwelling #2 Limits:

\$ _____ a. Masonry Frame
 b. 1 family 2 family 3 family 4 family
 c. Owner Tenant Renovation
 d. Vacant Seasonal Builders Risk
 e. Located at: _____

\$ _____ On contents in the above dwelling.
 \$ _____ Premises Liability/Personal Liability.
 \$ _____ Residence Burglary.
 \$ _____ Additional Living Expense/Loss of Use.
 \$ _____ Other Structures—describe: _____

UNDERWRITING QUESTIONNAIRE:

1. If vacant - how long? _____
2. Did you inspect dwelling? Yes No Comments: _____

3. Do you recommend risk? Yes No Comments: _____

4. Swimming Pool? Yes No Fenced? Yes No
5. Year of Construction: _____ Square Feet: _____ Updated: Yes No If yes, confirm the date the following items were updated:
 Wiring: _____ Plumbing: _____ Roof: _____ Heating & Air Conditioning: _____
 Physical condition of buildings: _____

6. Fire Protection Class: _____ Fire District: _____ E.C. Class: _____ Distance from coastal water: _____
(Includes ocean, gulf, bay or sound)
7. Primary source of heat: _____ If wood burning stove, questionnaire and photo required.
8. Renovation/Builders Risk: _____ Number of years experience: _____
Name of licensed contractor: _____
Extent of Renovation: _____
9. Are any business pursuits conducted on the premises? Yes No If yes, describe: _____

10. Any animals? Yes No If yes, describe: _____
11. Has any company cancelled or refused coverage to the applicant? (Not applicable in CA or MO) Yes No Comments: _____

12. Previous Carrier: _____ Policy Number: _____
13. Past Losses? _____ Comments: _____

UNDERWRITING GUIDELINES:

Prefer photo with application.

As a part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

APPLICABLE IN THE STATE OF NEW YORK:

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 there to, 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.

FRAUD WARNING:

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 subjects such person to criminal and civil penalties.

Date _____ Agency Phone No. _____ Agency Code No. _____

Agency _____

Producer's Signature _____ Date _____

Applicant's Signature _____ Date _____