

# ACORD™ HOMEOWNER APPLICATION

DATE

<b>PRODUCER</b>  <b>MYRON V CARLSON INS AGENCY</b> <b>255 YGNACIO VALLEY RD #100</b> <b>WALNUT CREEK, CA 94596</b> <b>925-945-8800 925-937-6578 FAX</b>  CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID _____	<b>APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP+4)</b>  <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 60%;">NAIC CODE</td> <td style="border: none; width: 40%;">FACILITY CODE</td> </tr> <tr> <td colspan="2" style="border: none;">POLICY # New Business</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 20%;">YRS AT THIS RES</td> <td style="border: none; width: 30%;">CO/PLAN</td> <td style="border: none; width: 30%;">HOME PHONE #</td> <td style="border: none; width: 20%;">DAY</td> </tr> <tr> <td colspan="3" style="border: none;">EFFECTIVE DATE</td> <td style="border: none;">EVE</td> </tr> <tr> <td colspan="3" style="border: none;">EXPIRATION DATE</td> <td style="border: none;">DAY</td> </tr> <tr> <td colspan="3" style="border: none;">BUSINESS PHONE #</td> <td style="border: none;">EVE</td> </tr> </table>	NAIC CODE	FACILITY CODE	POLICY # New Business		YRS AT THIS RES	CO/PLAN	HOME PHONE #	DAY	EFFECTIVE DATE			EVE	EXPIRATION DATE			DAY	BUSINESS PHONE #			EVE
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## APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)						
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	<table style="width:100%; border: none;"> <tr> <td style="width:10%;">YEARS IN CURR OCC</td> <td style="width:10%;">YEARS W/ CURR EMPL</td> <td style="width:10%;">YEARS W/ PRIOR EMPL</td> <td style="width:10%;">MAR STAT</td> <td style="width:20%;">DATE OF BIRTH</td> <td style="width:30%;">SOCIAL SECURITY #</td> </tr> </table>	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
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CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	<table style="width:100%; border: none;"> <tr> <td style="width:10%;">YEARS IN CURR OCC</td> <td style="width:10%;">YEARS W/ CURR EMPL</td> <td style="width:10%;">YEARS W/ PRIOR EMPL</td> <td style="width:10%;">MAR STAT</td> <td style="width:20%;">DATE OF BIRTH</td> <td style="width:30%;">SOCIAL SECURITY #</td> </tr> </table>	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
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HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:						

## COVERAGES/LIMITS OF LIABILITY

## DED (Type & Amount)

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL	WIND/HAIL	THEFT	NAMED HURRICANE *
	\$	\$	\$	\$	\$	\$				

## ENDORSEMENTS

## PREMIUM

\* Not Applicable in NC

<input type="checkbox"/> REPLACEMENT COST DWELLING <input type="checkbox"/> REPLACEMENT COST CONTENTS ENTER OTHER ENDORSEMENT(S)	<b>EST TOTAL PREMIUM</b> \$ _____ <b>DEPOSIT</b> \$ _____ <b>BALANCE</b> \$ _____
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## PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

<b>ACCOUNT #:</b> _____	<b>MAIL POLICY TO:</b>						
<table style="width:100%; border: none;"> <tr> <td style="width:30%;"><b>BILLING</b></td> <td style="width:30%;"><b>IF DIRECT BILL:</b></td> <td style="width:40%;"><b>IF APPLICANT BILL:</b></td> </tr> <tr> <td> <input type="checkbox"/> DIRECT BILL    <input type="checkbox"/> AGENCY BILL         </td> <td> <input type="checkbox"/> BILL APPLICANT    <input type="checkbox"/> OTHER:  <input type="checkbox"/> BILL MORTGAGEE         </td> <td> <input type="checkbox"/> FULL PAY  <input type="checkbox"/> OTHER:         </td> </tr> </table>	<b>BILLING</b>	<b>IF DIRECT BILL:</b>	<b>IF APPLICANT BILL:</b>	<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER: <input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER:	<input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER:
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## RATING/UNDERWRITING

FRAME	PLASTIC SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE	
MASONRY	ASBESTOS SIDING			\$	DWELLING	PRIMARY	COC				
MASONRY VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	UNOCC				
ALUMINUM SIDING				\$	CONDO	SEASONAL	VACANT				
<b>NUMBER OF FIRE DIVS</b>		<b>TERR CODE</b>	<b>PREM GROUP</b>	<b>PROTECT CLASS</b>	<b>PROTECTION DEVICE TYPE</b>			<b>HEAT TYPE</b>	<b>NONE</b>	<b>WIRING</b>	
					SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	PLUMBING	
					HYDRANT	FIRE STATION			SECONDARY:	HEATING	
					FT	MI				ROOFING	
<b>FIRE/EC RATE</b>		<b>FIRE DISTRICT/CODE NUMBER</b>			DIRECT				<b>OIL STORAGE TANK LOCATION</b>	EXTERIOR PAINT	
					LOCAL						
<b>DWELLING LOCATION</b>			<b>OCCUPIED BY</b>		<b>DEADBOLT</b>	<b>VISIBLE TO NEIGHBORS</b>	<b>SPRINKLER</b>	<b>SWIMMING POOL</b>	<b>YES</b>	<b>NO</b>	<b>STORM SHUTTERS</b>
<input type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN PROT SUBURB			OWNER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WITHIN FIRE DIST			TENANT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BLDG CODE GRADE</b>		<b>TAX CODE</b>	<b>RATING</b>	<b>OCCUPIED DAILY?</b>	<b># WKS RENTED</b>	<b>WIND CLASS</b>	<b>SEMI-RESISTIVE</b>	<b>ROOF TYPE</b>	<b>FOUNDATION</b>	<b>CLOSED</b>	
			CLASS	YES			OTHER		OPEN	NONE	
<b>IF REPLACEMENT COST APPLIES:</b>		ACORD	40	41	42	<b>RATING CREDITS</b>		<b>FIREPLACES</b>			
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER		MANNED SECURITY OFF PREMISES		CHIMNEYS	
SQ FT		SQ FT		SQ FT		LIGHTNING PROTECTION		THEFT EXCL OTHER:		PRE-FAB	
										HEARTHES	

ACORD 80 (08/2000)

PLEASE COMPLETE REVERSE SIDE

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**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO	
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)			14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)						
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?						
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?				RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?	
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					16. IS THERE A SECURITY ATTENDANT?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					17. IS THE BUILDING ENTRANCE LOCKED?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO					18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?					19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	
9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? (Note breed and bite history)					20. IS HOUSE FOR SALE?	
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?					21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)					22. IS THERE A TRAMPOLINE ON THE PREMISES?	
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)					23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (IF APPLICABLE)					24. ANY LEAD PAINT HAZARD? IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)	

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?		YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS						

PRIOR COVERAGE		PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
					<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INTEREST			
INT #	<input type="checkbox"/> MORTG'G <input type="checkbox"/> ADDL INT	NAME AND ADDRESS	LOAN NUMBER
INT #	<input type="checkbox"/> MORTG'G <input type="checkbox"/> ADDL INT	NAME AND ADDRESS	LOAN NUMBER

REMARKS	ATTACHMENTS	
	<input type="checkbox"/>	INLAND MARINE APPLICATION
	<input type="checkbox"/>	PERS EXCESS/UMBRELLA APP
	<input type="checkbox"/>	REPLACEMENT COST ESTIMATE
	<input type="checkbox"/>	RECREATIONAL VEHICLE APP
	<input type="checkbox"/>	PHOTOGRAPH
	<input type="checkbox"/>	WATERCRAFT APPLICATION
	<input type="checkbox"/>	SOLID FUEL SUPPLEMENT
	<input type="checkbox"/>	LEAD FREE PAINT CERTIFICATION
	<input type="checkbox"/>	EARTHQUAKE APPLICATION
	<input type="checkbox"/>	HOME BASED BUSINESS SUPP
	<input type="checkbox"/>	PROTECTION DEVICE CERTIFICATE

BINDER/SIGNATURE		
INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. 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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
<input checked="" type="checkbox"/>	COVERAGE IS NOT BOUND	

**Notice of Insurance Information Practices** Personal information about you, including information from a credit report, may be collected from persons other than you, in connection with this application for insurance, and subsequent 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. 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 instruction 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)

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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT; In DC, LA, ME, and VA, Insurance benefits may also be denied)

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided 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		PRODUCER'S SIGNATURE	
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