

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION APPLICATION FOR DWELLING FIRE INSURANCE INSPECTION AND PLACEMENT

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION

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VISIT OUR WEB SITE - www.mpiua.com

THIS APPLICATION IS NOT A BINDER OF INSURANCE

UND INITIALS _____

DATE _____

APPROVED

REJECTED

APPLICATION MUST BE TYPED. PROVIDE ALL THE INFORMATION REQUESTED.

SEE ACORD 66 MA FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

CHECK IF APPLYING FOR IMMEDIATE COVERAGE VIA FAX

POLICY # :

1. APPLICANT(S) NAME & MAIL ADDRESS

NAME (AS IT SHOULD APPEAR ON POLICY)

#/STREET

CITY/STATE/ZIP

NAME OF THE PERSON THE INSPECTOR CAN CONTACT FOR INSPECTION OF THE PROPERTY

TELEPHONE #

FAX #

CONTACT'S HOME TELEPHONE #

CONTACT'S BUSINESS TELEPHONE #

E-MAIL ADDRESS FOR MPIUA RESPONSE

APPLICANT'S OCCUPATION

2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT

NAME OF LICENSED BROKER/AGENT

#/STREET

CITY/STATE/ZIP

3. LOCATION OF PROPERTY, IF DIFFERENT FROM ABOVE (ITEM 1)

STREET

CITY / STATE / ZIP

4. PRESENT OR PRIOR INSURER INFORMATION

PRESENT OR PRIOR INSURER

POLICY #

EXPIRATION DATE

COVERAGE AMOUNT

5. NAME & ADDRESS OF MORTGAGEE(S) (ENCLOSE COPY OF CONTRACT FOR ALL NON-INSTITUTIONAL MORTGAGE HOLDERS)

1.

2.

6. COVERAGES REQUESTED

POLICY FORM	A - DWELLING	B - OTHER STRUCTURES (Describe in Remarks)	C - PERSONAL PROPERTY	D - FAIR RENTAL VALUE	OTHER
<input type="checkbox"/> DP 1 <input type="checkbox"/> DP 2 <input type="checkbox"/> DP 3	\$	\$	\$	\$	\$
TENANT RELOCATION EXPENSE	\$	DEDUCTIBLE	\$	WIND HAIL % DEDUCTIBLE	\$
ANNUAL TENTATIVE PREMIUM	\$	WIND HAIL FIXED DOLLAR DEDUCTIBLE	\$		

7. DWELLING INFORMATION

DWELLING IS

OWNER OCCUPIED
 SEASONAL
 PARTIALLY VACANT/UNOCCUPIED
 UNDER REHABILITATION (DP 00 01 only) Letter of Intent Required
 TENANT OCCUPIED
 VACANT/UNOCCUPIED
 IF PARTIALLY VACANT/UNOCCUPIED
 UNDER CONSTRUCTION (DP 00 01 only) Letter of Intent Required
 % OF VACANCY: _____ %

CONSTRUCTION OF DWELLING

FRAME (1)
 BRICK, STONE OR MASONRY VENEER (2)
 BRICK, STONE OR MASONRY (3)
 FIRE RESISTIVE (4)
 FRAME WITH ALUMINUM OR PLASTIC SIDING (5)

DWELLING CONTAINS

1 APT
 2 APTS
 3 APTS
 4 APTS
 MOBILE HOME (DP 00 01 only)
 IF TOWNHOUSE / ROWHOUSE
 TENANT'S PERSONAL PROPERTY ONLY
 # OF FAMILY UNITS PER FIRE DIVISION: _____
 # OF APARTMENTS: _____
 # OF UNITS OWNED BY APPLICANT: _____

ESTIMATED REPLACEMENT COST (Assn Replacement Cost Estimator required) \$	PRESENT MARKET VALUE (EXCLUDING LAND) \$	DATE OF PURCHASE OF REAL PROPERTY	PURCHASE PRICE \$
YEAR BUILT	FIRE DISTRICT/TOWN	TERR CODE	PROTECTION CLASS
			DISTANCE TO HYDRANT FT
			DISTANCE TO FIRE STATION MI

APPLICANT(S) NAME	POLICY NUMBER
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INDICATE REQUESTED ENDORSEMENT(S), LIMIT(S) AND APPLICABLE ADDITIONAL INFORMATION

8. IF IMMEDIATE COVERAGE IS DESIRED, THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.

EFFECTIVE DATE	ANNUAL TENTATIVE PREMIUM \$ _____	<input type="checkbox"/> IF INSTALLMENT PLAN SELECTED CHECK BOX	DOWN-PAYMENT (MINIMUM 25%) \$ _____
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9. GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
A. ANY BUSINESS CONDUCTED ON PREMISES? IF YES, INDICATE THE TYPE AND PRECISE LOCATION OF THE BUSINESS, INDICATE WHERE IT IS CONDUCTED, ANY MODIFICATIONS TO THE DWELLING TO ACCOMMODATE THE BUSINESS, AND NUMBER OF EMPLOYEES.			H. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?		
B. HAS PRESENT INSURER FURNISHED NOTICE OF NON-RENEWAL OR INTENT TO CANCEL?			I. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?		
C. HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS? (IF YES STATE TYPE(S), DATE(S) AND AMOUNT(S) IN REMARKS)			J. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?		
D. DOES APPLICANT HAVE NATIONAL FLOOD INSURANCE? (IF YES, GIVE POLICY # AND COVERAGE AMOUNT IN REMARKS)			K. HAVE YOU, THE MORTGAGEE, OR ANY OTHER PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY BEEN CONVICTED FOR THE CRIME OF ARSON OR FOR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY?		
E. ANY UNREPAIRED DAMAGE?			L. HAS THE APPLICANT FILED A VOLUNTARY PETITION, OR BEEN NAMED AS THE DEBTOR IN AN INVOLUNTARY PETITION, UNDER THE UNITED STATES BANKRUPTCY CODE OR IS THE APPLICANT ACTING AS BANKRUPTCY TRUSTEE OR PERSON PERFORMING A SIMILAR FUNCTION?		
F. DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; or (C) DECLARED UNSAFE?			M. ARE THERE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER PER FAMILY.)		
G. HAS A STATE OR MUNICIPAL OFFICIAL NOTIFIED YOU IN WRITING OF ANY BUILDING, SANITARY, FIRE OR OTHER CODE VIOLATION(S) AT THE PROPERTY WHICH ARE CURRENTLY OUTSTANDING?					

REMARKS (USE ADDITIONAL SHEET IF NEEDED)

SIGNATURE

BY SIGNING THIS APPLICATION I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THE PROPERTY, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) ACKNOWLEDGE AND AGREE THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES HEREON MAY VOID ANY POLICY ISSUED, INCLUDING BUT NOT LIMITED TO ANY SUBSEQUENT RENEWAL OR REPLACEMENT POLICIES. I (WE) FURTHER CERTIFY THAT I (WE) HAVE MADE REASONABLE EFFORT TO OBTAIN INSURANCE AND HAVE BEEN UNABLE TO OBTAIN IT ELSEWHERE. THE ABOVE NAMED LICENSED BROKER OR AGENT IS AUTHORIZED TO ACT AS MY (OUR) BROKER OF RECORD FOR PURPOSE OF THIS APPLICATION AND ANY RESULTING INSURANCE. I (WE) HAVE READ THE INSPECTION NOTICE AND CREDIT REPORTING NOTICE PROVIDED ON THE ACORD 66 MA AND UNDERSTAND THAT THESE NOTICES FORM A PART OF THIS APPLICATION.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

_____	_____
SIGNATURE(S) OF ALL APPLICANTS	SIGNATURE(S) OF ALL APPLICANTS
DATE	DATE
_____	_____
SIGNATURE(S) OF ALL APPLICANTS	SIGNATURE(S) OF ALL APPLICANTS
DATE	DATE

UNDER THE PENALTIES OF PERJURY, I HEREBY CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF MASSACHUSETTS, THAT THE TAX IDENTIFICATION NUMBER PROVIDED ON THIS FORM IS TRUE AND COMPLETE AND THAT I AM UNABLE TO OBTAIN INSURANCE ELSEWHERE ON BEHALF OF THE APPLICANT.

_____	_____
SIGNATURE OF LICENSED BROKER OR AGENT	DATE