

**Massachusetts Property Insurance Underwriting Association  
2 CENTER PLAZA, BOSTON, MA 02108-1904**

Completion of this application is required in accordance with Massachusetts General Law Chapter 175, Section 98. This application becomes part of any policy which insures against loss or damage to a building by fire. See reverse side for types of risk for which this application must by law be completed.

**APPLICANT(S)** **SECTION "A"** Policy No. ....  
(If available)

Show **complete** name of Applicant as it is to appear on the policy

Name of Applicant: .....

Mailing Address: .....  
(Number and Street)

.....  
(City/Town) (County) (State & Zip Code)

Section "B", "C" and "D" of this application must be completed for each location or specifically insured building. If more than one location or specifically insured building, complete and attach a supplemental application for each building.

**INSURANCE AND BUILDING VALUATION INFORMATION** **SECTION "B"**

**Location of Property to be insured** (Check block, if same as "Mailing Address"  Otherwise, complete below)

.....  
(Number and Street)

.....  
(City/Town) (County) (State & Zip)

The information provided is to assist in establishing the value of the building at the time of the completion of this Application and does NOT determine the value of the building at the time of loss for the purpose of settlement of a loss.

Purchase Date:..... Purchase Price \$ .....

Estimated Fair Market Value (exclusive of land) .....

Amount of Insurance Requested: \$.....

Which method of valuation shown below was used to establish amount of insurance? (check one)

Replacement Cost    Replacement Cost less Depreciation    Fair Market Value (exclusive of land)    Other (specify).....

By Professional Appraisal (attach copy)    By Applicant    By Insurance Agent or Broker    Other (specify).....

Has application been or will application be made for any **other** building fire insurance at this location?    Yes    No  
If yes, specify amount: \$.....

Is there any **other** building fire insurance presently in effect at this location?    Yes    No  
If yes, specify amount: \$.....

Has the applicant had any fires (during the last three years) on any property on which he held a mortgage or which he owned which resulted in damage of \$1,000.00 or more?    Yes    No    If yes, list specifics:

Approximate Date	Cause	\$ Damage	Location
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Is the property:    Owner Occupied    Yes    No    Vacant (no tenants/no furnishings)    Yes    No    Unoccupied (no tenants)    Yes    No

Majority Vacant or Unoccupied    Yes    No    Estimated % of vacancy or unoccupancy.....%    For Sale    Yes    No    Seasonal    Yes    No

**OWNERSHIP INFORMATION** **SECTION "C"**

Name and addresses of

- Shareholders\* of a corporation or holding company
- All shareholders of a closed corporation (where the shares are not generally traded in the marketplace) must be listed.
- Partners,\* including limited partners
- Trustees\* and Beneficiaries\*

Name	Address	Position	Extent of Interest
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

- Has the applicant, mortgagee, or any person having a financial interest in the property been indicted or convicted for fraud, bribery, arson, or any other arson-related crime to the best of your knowledge?    Yes    No
- Have any shareholders of Closed Corporation, partners, (general or limited) of a Partnership, or trustees or beneficiaries of a Trust been indicted or convicted for fraud, bribery, arson or any other arson-related crime to the best of your knowledge?    Yes    No

**MORTGAGE INFORMATION** **SECTION "D"**

Name	Address	Outstanding Amount within \$1,000
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- Are mortgage payments delinquent?    Yes    No  
If yes, specify period of time:.....  
Amount of Delinquency: \$.....
- Are Real Estate Taxes delinquent?    Yes    No  
If Yes, specify reason:.....  

Year(s)	Amount
.....	.....
.....	.....

**ADDITIONAL INFORMATION** **SECTION "E"**

- Does the property have an outstanding building, sanitary, fire or other code violations which have been brought to the attention of the property owner in writing by a state, city or town inspector?    Yes    No  
If yes, specify outstanding violations and their dates:    Violations    Dates

.....

Any willful concealment or misrepresentation of material fact or circumstances hereon may void the policy. Signed under the pains and penalties of perjury.

.....  
Date    Signature of Applicant

## INSTRUCTIONS

In accordance with Section 98 of Chapter 175 of the Massachusetts General Law, this application *must* be completed and accompany certain applications for Building Fire Coverage.

This application must be completed for Building Fire Coverage Requests with the exception of the following:

- a. Homeowners - owner occupied - 1-4 family
- b. State - County - Municipalities
- c. Highly Protected Risk
- d. Seasonal Habitual Risks (Non-income producing property)
- e. Builders Risk Policies

Note: This application must be completed and signed by applicant. Please submit the original of the application along with applicable MPIUA application.

If this application is not received along with the MPIUA application, the request for insurance will be returned and no processing will take place.