		ACHUSETTS F									
						URANCE UNDERWRITING ASSOCIATION A, BOSTON, MA 02108-1904					
PHONE: (617) 723-3800 (800) 392-6						Y)	FAX: (800) 932	-6717		DATE	
VISIT OUR WEB SIT					3 SITE - www.mpi	SITE - www.mpiua.com					
THIS APPLICATION IS NOT						T A BINDER OF INSURANCE					
	SEE ACORD	APPLICATION D 66 MA FOR THE INSPE			EPORTING NOTIO					TION	
					POLICY # :						
	LICANT(S) NAME 8				2. IF APPL	2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGEN					
NAME (AS IT SHOULD APPEAR ON POLICY)				NAME OF LICE	NAME OF LICENSED BROKER / AGENT						
#/STREET				#/STREET	#/STREET						
ITY/STA	TE/ZIP				CITY/STATE/ZII	Р					
AME OF	THE PERSON THE INSPEC	TOR CAN CONTACT FOR IN	SPECTION	OF THE PROPERTY	TELEPHONE #	TELEPHONE # FAX #					
CONTACT'S HOME TELEPHONE # CONTACT'S BUSINES			USINESS 1	FELEPHONE #	E-MAIL ADDRE	E-MAIL ADDRESS FOR MPIUA RESPONSE					
PPLICAI	IT'S OCCUPATION	I									
LOC		RTY, IF DIFFERENT	FROM A	BOVE (ITEM 1)						
STREET		,		CITY / STATE /							
. NAM	IE & ADDRESS OF	MORTGAGEE(S) (ENCLOSE	E COPY OF CONT	RACT FOR ALL N	ION-I	NSTITUTIONAL N	IORTGA	GE HOLDERS)		
					2.				,		
	EFFECTIVE DATE WN BELOW.	E WILL BE THE DA	TE THE	APPLICATIO	N IS RECEIVE	DB	Y THE ASSO	CIATIO	N, OR A LATE	R DATE IF	
FECTIV	E DATE ANNUAL	TENTATIVE PREMIUM				DOW	N-PAYMENT (MINIM	UM 25%)			
	\$	IF	INSTALLMI	ENT PLAN SELECTE	ED CHECK BOX	\$					
. PRE	SENT OR PRIOR IN	NSURANCE INFORM	ATION		÷						
RESENT	OR PRIOR INSURER			POLICY #		E	XPIRATION DATE	COVERAGE A LIMIT		COVERAGE E LIMIT	
								\$		\$	
. CO\	ERAGE REQUEST	ED									
OLICY ORM	A - DWELLING	B - OTHER STRUCTURES (Describe in Remarks)	C - PERS PROPI		- FAIR RENTAL VALUE	o	THER		L - PERSONAL LIABILITY (EACH OCCURRENCE)	M - MEDICAL PAYMENTS (EACH PERSON)	
	\$	\$	\$	\$		\$	1	\$		\$	
INUAL	FENTATIVE PREMIUM	DEDUCTIBLE	WIND HA DEDUCTI		IF STANDALONE PERSONAL LIAE					AL LIABILITY COVERAGE	
		\$	\$		COVERAGE ON			DWELLING	FIRE POLICY #		
		ION									
				Γ	PARTIALLY				R	Letter of Intent	
	OWNER OCCUPIED	SEASON	IAL /UNOCCUF					REHA UNDE	BILITATION (DP 00 0	1 only) Required Letter of Intent	
					DF VACANCY:		%				
NSTRU	FRAME (1)	ICK, STONE OR SONRY VENEER (2)	BRICK	, STONE OR NRY (3)	FIRE RESISTIVE	E (4)		FRAM PLAS	E WITH ALUMINUM (TC SIDING (5)	DR	
							ובז		. ,		
DWELLING CONTAINS 1 APT 3 APTS MOBILE HOME (DP 00 01 only)					CONDO	CONDOMINIUM UNIT IF TOWNHOUSE / ROWHOUSE # OF FAMILY UNITS PER FIRE DIVISION:					
2 APTS 4 APTS TENANT'S PERSONAL PROPERTY ONLY					(WNED BY APPLICA	-	
STIMATI	ED REPLACEMENT COST	PRESENT MARKE	RTMENTS: ET VALUE (I	EXCLUDING LAND)	DATE OF PURCH	ASE O	F REAL PROPERTY	,	PURCHASE PRICE		
		\$							\$		
	LT FIRE DISTRICT/TOWN			RR CODE	PROTECTION CL	460	DISTANC		ANT	TANCE TO FIRE STATION	

MI

POLICY NUMBER

9. ENDORSEMENTS

INDICATE ENDORSEMENT(S), LIMIT(S) AND APPLICABLE ADDITIONAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS			EXPLAIN ALL "YES" RESPONSES IN REMARKS				
A. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? IF YES INDICATE THE TYPE AND PRECISE LOCATION OF THE BUSINESS,			K. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?				
INDICATE WHERE IT IS CONDUCTED, ANY MODIFICATIONS TO THE DWELLING TO ACCOMMODATE THE BUSINESS, AND NUMBER OF EMPLOYEES.			L. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?				
B. IF OWNER OCCUPIED, DOES THE APPLICANT RESIDE IN OR OCCUPY ANY OTHER PREMISES OTHER THAN THE LOCATION INSURANCE IS BEING REQUESTED FOR?			M. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?				
C. ANY FULL TIME RESIDENCE EMPLOYEES? (NUMBER AND TYPE OF FULL TIME AND PART TIME EMPLOYEES)			HAVE YOU, THE MORTGAGEE OR ANY OTHER PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY, BEEN CONVICTED FOR THE CRIME OF ARSON				
D. HAS PRESENT INSURER FURNISHED NOTICE OF NON RENEWAL OR INTENT TO CANCEL?			OR FOR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY?				
ANY DOGS OR OTHER ANIMAL (S) ON PREMISES? SPECIFY BREED AND/OR KIND OF ANIMAL IN REMARKS.)			O. HAS THE APPLICANT FILED A VOLUNTARY PETITION, OR BEEN NAMED AS THE DEBTOR IN AN INVOLUNTARY PETITION, UNDER THE UNITED STATES				
F. HAVE YOU HAD ANY PROPERTY LOSSES OR ANY LIABILITY CLAIMS BROUGHT AGAINST YOU IN THE PAST FIVE YEARS? (IF YES, STATE TYPE (S), DATE (S), AMOUNT (S) IN REMARKS)			BANKRUPTCY CODE OR IS THE APPLICANT ACTING AS BANKRUPTCY TRUSTEE OR PERSON PERFORMING A SIMILAR FUNCTION?				
IAS AN INCIDENT REPORT BEEN MADE AGAINST AN ANIMAL IN YOUR CARE, JUSTODY, OR CONTROL?			P. ARE THERE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER PER FAMILY) NUMBER PER FAMILY:		L		
H. ANY UNREPAIRED DAMAGE?			Q. IF OWNER OCCUPIED, IS THE UNIT IN WHICH YOU RESIDE ON THE RESIDENCE PREMISES RENTED OR INTENDED FOR RENTAL AT ANY TIME				
DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; OR (C) DECLARED UNSAFE?			DURING THE YEAR? IF YES, STATE NUMBER OF WEEKS YOUR UNIT ON THE RESIDENCE PREMISES IS OR WILL BE RENTED. NUMBER OF WEEKS:				
J. 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?			R. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (LIST YEAR, TYPE, MAKE, MODEL)		\vdash		

SIGNATURE

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. IF LIABILITY COVERAGE IS REQUESTED, I (WE) CERTIFY THAT I (WE) HAVE ATTEMPTED TO OBTAIN NON-OWNER OCCUPIED DWELLING LIABILITY COVERAGE IN THE VOLUNTARY MARKET AND HAVE BEEN DENIED BY AT LEAST TWO INSURERS WHO PROVIDE SUCH COVERAGE IN THE VOLUNTARY MARKET. 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 BEEN PROVIDED WITH THE PERSONAL LIABILITY INSURANCE LEAD POISONING EXCLUSION AND COVERAGE OPTION NOTICE AND COMMONWEALTH OF MASSACHUSETTS DISCLOSURE STATEMENT AND I (WE) HAVE READ THE INSPECTION NOTICE AND CREDITING 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 PER-	JURY								
SIGNATURE(S) OF ALL APPLICANTS	DATE	SIGNATURE(S) OF ALL APPLICANTS	DATE						
SIGNATURE(S) OF ALL APPLICANTS	DATE	SIGNATURE(S) OF ALL APPLICANTS	DATE						
UNDER THE PENALTIES OF PERJURY, I HEREBY CE UNABLE TO OBTAIN INSURANCE ELSEWHERE ON BE			, AND THAT I AM						

SIGNATURE OF LICENSED BROKER OR AGENT

DATE