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

## MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION TWO CENTER PLAZA, BOSTON, MA 02108-1904 PHONE: (617) 723-3800 (800) 392-6108 (MA ONLY) FAX: (800) 932-6717 VISIT OUR WEB SITE - www.mpiua.com THIS APPLICATION IS NOT A BINDER OF INSURANCE PROVIDE ALL THE INFORMATION REQUESTED. SEE ACORD 66 MA FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION APPLICATION #: APPLICANT(S) NAME & MAIL ADDRESS 2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT NAME (AS IT SHOULD APPEAR ON POLICY) NAME OF LICENSED BROKER / AGENT #/STRFFT #/STRFFT CITY/STATE/ZIP 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 **INSURED E-MAIL ADDRESS** 3. LOCATION OF PROPERTY, IF DIFFERENT FROM ABOVE (ITEM 1) # STREET CITY / STATE / ZIP 4. NAME & ADDRESS OF MORTGAGEE(S) (ENCLOSE COPY OF CONTRACT FOR ALL NON-INSTITUTIONAL MORTGAGE HOLDERS) 1. 5. THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW. REASON FOR APPLICATION FFFECTIVE DATE 6. PRESENT OR PRIOR INSURANCE INFORMATION PRESENT OR PRIOR INSURER POLICY# **EXPIRATION DATE COVERAGE A LIMIT COVERAGE E LIMIT** 7. COVERAGE REQUESTED POLICY **B - OTHER STRUCTURES** C - PERSONAL D - FAIR RENTAL L - PERSONAL LIABILITY M - MEDICAL PAYMENTS A - DWELLING FORM PROPERTY OTHER (EACH OCCURRENCE) (EACH PERSON) (Describe in Remarks) VALUE \$ \$ NAMED STORM DEDUCTIBLE IF STANDALONE ANNUAL TENTATIVE PREMIUM **DEDUCTIBLE** AS AN ENDORSEMENT ADDING PERSONAL LIABILITY COVERAGE PERSONAL LIABILITY TO MPIUA DWELLING FIRE POLICY# COVERAGE ONLY 8. DWELLING INFORMATION **DWELLING IS PARTIALLY** UNDER Letter of Intent OWNER OCCUPIED SEASONAL REHABILITATION (DP 00 01 only) Required Letter of Intent VACANT/UNOCCUPIED UNDER CONSTRUCTION (DP 00 01 only) NON OWNER OCCUPIED VACANT/UNOCCUPIED IF PARTIALLY VACANT/UNOCCUPIED Required % OF VACANCY: CONSTRUCTION OF DWELLING BRICK, STONE OR MASONRY VENEER (2) FRAME WITH ALUMINUM OR PLASTIC SIDING (5) BRICK, STONE OR MASONRY (3) FRAME (1) FIRE RESISTIVE (4) **DWELLING CONTAINS** IF TOWNHOUSE / ROWHOUSE MOBILE HOME (DP 00 01 only) CONDOMINIUM UNIT 3 APTS 1 APT # OF FAMILY UNITS PER FIRE DIVISION: TENANT'S PERSONAL PROPERTY ONLY 2 APTS 4 APTS # OF UNITS OWNED BY APPLICANT: # OF APARTMENTS: ESTIMATED REPLACEMENT COST (ASSN MSB REPLACEMENT COST REQ'D) PRESENT MARKET VALUE (EXCLUDING LAND) DATE OF PURCHASE OF REAL PROPERTY PURCHASE PRICE \$ \$ YEAR BUILT | FIRE DISTRICT/TOWN TERR CODE DISTANCE TO HYDRANT DISTANCE TO FIRE STATION PROTECTION CLASS FT

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APP	PLICANT(S) NAME				APPLICATION#		
9. ENDORSEMENTS							
ND	ICATE ENDORSEMENT(S), LIMIT(S) AND APPLICABLE ADDITIONAL INFORMATION						
10.	. GENERAL INFORMATION						
EXP	PLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO.	Е	XPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
A.	HAS ANY OR WILL ANY FARMING OR OTHER BUSINESS BE CONDUCTED ON PREMISES? FOR THE PURPOSE OF THIS QUESTION, BUSINESS INCLUDES ANY TEMPORARY OR PART-TIME RENTAL OF ANY PART OF THE PREMISES.			K L	DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; OR (C) DECLARED UNSAFE?		
В.	ARE THERE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER PER FAMILY.)  NUMBER PER FAMILY:			_	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?		
C.	IF OWNER OCCUPIED, IS THE UNIT IN WHICH YOU RESIDE ON THE RESIDENCE PREMISES RENTED OR INTENDED FOR RENTAL AT ANY TIME DURING THE YEAR? IF YES, STATE NUMBER OF WEEKS YOUR UNIT ON THE RESIDENCE PREMISES IS OR WILL BE RENTED.  NUMBER PER WEEKS:			М	1. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY FOR COVERAGE APPLIED?		
D.	IF OWNER OCCUPIED, DOES THE APPLICANT RESIDE IN OR OCCUPY ANY OTHER PREMISES OTHER THAN THE LOCATION INSURANCE IS BEING REQUESTED FOR?			N	HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?		
E.	HAS PRESENT INSURER FURNISHED NOTICE OF NON RENEWAL OR INTENT TO CANCEL?			0	THE LAST 30 DAYS OR MORE?		
F.	ANY DOGS OR OTHER ANIMAL(S) ON PREMISES?			Р	THE DEBTOR IN AN INVOLUNTARY PETITION, UNDER THE UNITED STATES		
G.	HAS AN INCIDENT REPORT BEEN MADE AGAINST AN ANIMAL IN YOUR CARE, CUSTODY, OR CONTROL?				BANKRUPTCY CODE OR IS THE APPLICANT ACTING AS BANKRUPTCY TRUSTEE OR PERSON PERFORMING A SIMILAR FUNCTION?		
Н.	HAS THE APPLICANT SUSTAINED ANY PROPERTY DAMAGE LOSSES OR HAD ANY LIABILITY CLAIM ASSERTED AGAINST THEM WITHIN THE PAST FIVE YEARS, WHETHER OR NOT REPORTED TO OR PAID BY THE INSURER?			Q	HAS THE APPLICANT BEEN INVOLVED IN ANY FORECLOSURE,  REPOSSESSION, OR ADVERSE MONEY JUDGEMENT IN THE PAST FIVE YEARS? IN CONNECTION WITH ANY MORTGAGE, HAS THE APPLICANT RECEIVED ANY NOTICE OF DEFAULT, RIGHT TO CURE OR INTENT TO		
I.	IS THE APPLICANT AWARE OF ANY UNREPAIRED PHYSICAL CONDITION OR DAMAGE AT THE LOCATION TO BE INSURED?				FORECLOSE? PLEASE EXPLAIN IN DETAIL ANY YES ANSWER.		
J.	DOES ANY PHYSICAL CONDITION EXIST THAT HAS BEEN IDENTIFIED AS SUBSTANDARD OR AS A HAZARD OR VIOLATION BY ANY PUBLIC OFFICIAL, LICENSED INSPECTOR OR INSURER?	T		R	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?		
RF	MARKS (USE ADDITIONAL SHEET IF NEEDED)						
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 MOS COMMONWEALTH OF MASSACHUSETTS DISCLOSURE STATEMENT AND 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							
	PPLICATION. IGNED UNDER THE PAINS AND PENALTIES OF PERJURY						
	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 CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF MASSACHUSETTS, AND THAT I AM UNABLE TO OBTAIN INSURANCE ELSEWHERE ON BEHALF OF THE APPLICANT.							
_	SIGNATURE OF LICENSED BROKER OR AGENT DATE		_				