MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION APPLICATION FOR COMMERCIAL FIRE INSURANCE INSPECTION AND PLACEMENT MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION UND INITIALS TWO CENTER PLAZA, BOSTON, MA 02108-1904 PHONE: (617) 723-3800 (800) 392-6108 (MA ONLY) FAX: (800) 932-6717 DATE VISIT OUR WEB SITE - www.mpiua.com APPROVED THIS APPLICATION IS NOT A BINDER OF INSURANCE REJECTED PLEASE TYPE OR PRINT CLEARLY. PROVIDE ALL THE INFORMATION REQUESTED. SEE ACORD 68 MA FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION CHECK IF APPLYING FOR IMMEDIATE COVERAGE VIA FAX POLICY #: 2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT APPLICANT(S) NAME & MAIL ADDRESS NAME (AS IT SHOULD APPEAR ON POLICY) NAME OF LICENSED BROKER/AGENT #/STREET #/STREET CITY/STATE/ZIP CITY/STATE/ZIP NAME OF THE PERSON THE INSPECTOR CAN CONTACT FOR INSPECTION OF THE PROPERTY TELEPHONE # FAX# **TAX IDENTIFICATION # CONTACT'S HOME TELEPHONE # CONTACT'S BUSINESS TELEPHONE #** IF THERE ARE MULTIPLE APPLICANTS AND THIS APPLICATION IS ACCEPTED AND A POLICY ISSUED, THE FIRST NAMED APPLICANT SHOWN IN ITEM 1 ABOVE BECOMES THE "FIRST NAMED INSURED" AND HAS IMPORTANT RIGHTS AND RESPONSIBILITIES AS DESCRIBED IN THE COMMERCIAL FIRE INSURANCE POLICY AND, AS SUCH, WILL ACT ON BEHALF OF ALL OTHERS WITH RESPECT TO REQUESTING ANY CHANGES TO OR CANCELLATION OF THE POLICY. 3. LOCATION OF PROPERTY CITY / STATE / ZIP # STRFFT 4. DESCRIPTION OF PREMISES AND COVERED PROPERTY (Include occupancy, construction, and number of units if applicable) 5. PRESENT OR PRIOR INSURER INFORMATION PRESENT OR PRIOR INSURER POLICY # **EXPIRATION DATE** LIMIT OF INSURANCE BLDG CONTENTS \$ 6. NAME & ADDRESS OF MORTGAGEE(S)/LOSS PAYEE(S) (ENCLOSE COPY OF CONTRACT FOR ALL LOSS PAYEES AND NON-INSTITUTIONAL MORTGAGE HOLDERS) MORTGAGE HOLDER LOSS PAYER MORTGAGE HOLDER LOSS PAYEE 7. COVERAGES REQUESTED BUILDING YOUR BUSINESS PERSONAL PROPERTY COVERED LIMIT OF **PROVISIONAL PROVISIONAL PROVISIONAL PROVISIONAL** DEDUCTIBLE CAUSES OF LOSS DEDUCTIBLE INSURANCE INSURANCE RATES PREMIUMS INSURANCE INSURANCE RATES PREMIUMS GR. I GR. I Fire, Lightning \$ GR. II \$ GR. II TENANT RELOCATION EXPENSE: NO. OF UNITS? \$ TOTAL BUSINESS PERSONAL PROPERTY PREMIUM \$ TOTAL BUILDING PREMIUM ANNUAL TENTATIVE PREMIUM \$ WINDSTORM OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ACTION VANDALISM * INDICATE ADDITIONAL CAUSES OF LOSS DESIRED BY AN "X" SPRINKLER LEAKAGE

8. BUILDING INFORMATION								
BUILDING IS								
OWNER OCCUPIED		SEASONAL		UNOCCUPIED	UNDER Letter of Intent REHABILITATION Required			
TENANT OCCUPIED			F PARTIALLY VA JNOCCUPIED % OF VACANCY:					
ESTIMATED REPLACEMENT COST	PRE	SENT MARKET VALUE (EXCLUDING LAN	D) DATE OF F	PURCHASE OF REAL P	ROPERTY	PURCHASE PRICE		
\$	\$					\$		
ACTUAL CASH VALUE YEAR	R BUILT	FIRE DISTRICT/TOWN	TERR CODE	PROTECTION CLASS	DISTANCE TO HYD	RANT	DISTANCE TO FIRE STATION	CSP CODE
\$						FT	MI	

APPLICANT(S) NAI				POLICY NUMBER					
9 IF IMMEDIA	ATE COVERAGE IS DESIRED. THE EFFECTIVE	- DA	TF	WILL	BF '	THE DATE THE APPLICATION IS RECEIVED B		 F	
ASSOCIATI	ON, OR A LATER DATE IF SHOWN BELOW.			****					
FFECTIVE DATE	ANNUAL TENTATIVE PREMIUM					DOWN-PAYMENT (MINIMUM 25%)			
IN CENEDAL	\$ IF INSTALLMENT PLAN SI	ELECT	ED CH	HECK BO	OX	\$			
	RESPONSES IN REMARKS	YES	s no	FXPI	ΔΙΝ ΔΙ	L "YES" RESPONSES IN REMARKS		YES NO	
	INSURER FURNISHED NOTICE OF NON-RENEWAL OR INTENT TO	1.20		G. F	IAVE YO	DU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY E YEAR OR MORE?	-	25 110	
	D ANY LOSSES IN THE PAST FIVE (5) YEARS? TYPE(S), DATE(S), AND AMOUNT(S) IN REMARKS)					E HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR T DAYS OR MORE?	HE		
	RED DAMAGE? IE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; ING DEMOLITION ORDER; or (C) DECLARED UNSAFE?		\blacksquare	. II	NTERES OR FOR	OU, THE MORTGAGEE, OR ANY OTHER PERSON HAVING A FINANCIA ST IN THE PROPERTY BEEN CONVICTED FOR THE CRIME OF ARSON A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE			
E. HAS A STATE (BUILDING, SAN	OR MUNICIPAL OFFICIAL NOTIFIED YOU IN WRITING OF ANY NITARY, FIRE OR OTHER CODE VIOLATION(S) AT THE PROPERTY JRRENTLY OUTSTANDING?			J. F D B	EBTOR BANKRU	NY? E APPLICANT FILED A VOLUNTARY PETITION, OR BEEN NAMED AS TI R IN AN INVOLUNTARY PETITION, UNDER THE UNITED STATES IPTCY CODE OR IS THE APPLICANT ACTING AS BANKRUPTCY TRUS' SON PERFORMING A SIMILAR FUNCTION?			
F. ARE YOU INDE	BTED TO AN INSURANCE AGENT, BROKER OR COMPANY?		+			HAVE ANY OTHER FIRE INSURANCE ON THIS PROPERTY?	+	+	
	SE ADDITIONAL SHEET IF NEEDED)								
						EST IN THE PROPERTY, AND THAT ALL INFORMATION (F. ANY WILLFUL CONCEALMENT OR MISREPRESENTA			
MATERIAL FAC OBTAIN INSUR (OUR) BROKER	T OR CIRCUMSTANCES HEREON MAY VOID ANY POLIC ANCE AND HAVE BEEN UNABLE TO OBTAIN IT ELSEWH	CY ISS IERE. AND	SUED THE ANY	. I (W E ABO) RESU	E) FUF VE NAI LTING	RTHER CERTIFY THAT I (WE) HAVE MADE REASONABLE MED LICENSED BROKER OR AGENT IS AUTHORIZED TO INSURANCE. I (WE) HAVE READ THE INSPECTION NO	EFFOR ACT A	RT TO S MY	
SIGNED UNI	DER THE PAINS AND PENALTIES OF PERJUR	Y							
	SIGNATURE(S) OF ALL APPLICANTS DA	TE		_		SIGNATURE(S) OF ALL APPLICANTS	DATE		
	SIGNATURE(S) OF ALL APPLICANTS DA	TE	_	_		SIGNATURE(S) OF ALL APPLICANTS	DATE		
IF APPLICANT TITLE BELOW.	IS A PARTNERSHIP, COMPANY OR CORPORATION, CE	ERTIF	CAT	ION S	HOULI	D BE SIGNED BY AN OFFICIAL OF THE FIRM PRINTING	NAME	AND	
						R OR AGENT OF MASSACHUSETTS, THAT THE TAX IDEN BTAIN INSURANCE ELSEWHERE ON BEHALF OF THE APP			
SIGN	JATURE OF LICENSED BROKER OR AGENT DA	TE	_						