

## DWELLING RATING INFORMATION

<b>FORM:</b>		Code			
<input type="checkbox"/> DP 00 01	(1)	<b>NUMBER OF FAMILIES</b>	Code	1	2
<input type="checkbox"/> DP 00 02	(2)				
<input type="checkbox"/> DP 00 03	(3)				
<input type="checkbox"/> DP 00 01/ DP 00 08	(8)				
		<b>YEAR OF CONSTRUCTION</b>	_____	Code ( )	

  

<b>OCCUPANCY:</b>	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Non-Owner Occupied	Status Code ( )
	<input type="checkbox"/> Non-Seasonal	<input type="checkbox"/> Seasonal	
	<input type="checkbox"/> Permitted Occupancy/Merc. Cov.	<input type="checkbox"/> Condition Charges _____	Surcharge

  

<b>CONSTRUCTION:</b>	<input type="checkbox"/> Frame (1)	<input type="checkbox"/> Superior Or Fire Resistive (4)	<input type="checkbox"/> Mobile Home (6)
	<input type="checkbox"/> Brick, Stone Or Masonry Veneer (2)		<input type="checkbox"/> Frame With Aluminum Or Plastic Siding (5)
	<input type="checkbox"/> Brick, Stone Or Masonry (3)	<input type="checkbox"/> Specially Rated – Non Fire Resistive (8)	<input type="checkbox"/> All Other (1)

  

<b>TERRITORY NO.</b>	Code ( )	<b>PROTECTION CLASS:</b>	Code ( )
Not more than _____ feet from fire hydrant,		_____ miles from Fire Department	

  

<b>FIRE DISTRICT OR TOWN:</b>	Code ( )	<b>PREM. GP. NO.</b>
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<b>DEDUCTIBLE \$</b>
Size Code ( )

  

PREMIUM BREAKDOWN	FIRE	E.C.	V. &M.M.	BROAD	SPECIAL	_____
Premium Group No.			---			
Coverage A	\$	\$	\$	\$	\$	\$
Coverage B	\$	\$	\$	\$	\$	\$
Coverage C	\$	\$	\$	\$	\$	\$
Coverage D	\$	\$	\$	\$	\$	\$
Coverage E	\$	\$	\$	\$	\$	\$
(Totals)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____