

HOMEOWNERS RATING INFORMATION

FORM HO 00	Code	NUMBER OF FAMILIES							
<input type="checkbox"/> 02	(2)	All Forms except HO 00 04 & 06 :							
<input type="checkbox"/> 03	(3)	Not Townhouse/Rowhouse	1	2	3	4	5 or more		
		– Code	<input type="checkbox"/> (1)	<input type="checkbox"/> (3)	<input type="checkbox"/> (6)	<input type="checkbox"/> (6)	– –		
<input type="checkbox"/> 04	(4)	Townhouse/Rowhouse							
		– Code	<input type="checkbox"/> (1)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (4)		
<input type="checkbox"/> 05	(5)	HO 00 04 or 06 Not Rented							
		– Code	<input type="checkbox"/> (1)	<input type="checkbox"/> (1)	<input type="checkbox"/> (1)	<input type="checkbox"/> (1)	<input type="checkbox"/> (8)		
<input type="checkbox"/> 06	(6)	HO 00 06 Rented	– Code	<input type="checkbox"/> (1)	<input type="checkbox"/> (1)	<input type="checkbox"/> (1)	<input type="checkbox"/> (1)	<input type="checkbox"/> (8)	
<input type="checkbox"/> 08	(8)	MOBILEHOME SUPPLEMENT <input type="checkbox"/> MH 04 01 (End. ID Code 1); <input type="checkbox"/> MH 04 01 & MH 04 02 (End. ID Code 2)							
<input type="checkbox"/> 04/ 05 24	(7)**	Tie Down	<input type="checkbox"/> None (1)	<input type="checkbox"/> Over-the-Top and Chassis (2)					
<input type="checkbox"/> 06/ 17 31	(7)**		<input type="checkbox"/> Over-the-Top Only (3)	<input type="checkbox"/> Chassis Only (4)					
** Status Codes		YEAR OF CONSTRUCTION OR MODEL YEAR Code ()							
CONSTRUCTION		<input type="checkbox"/> Frame (1) <input type="checkbox"/> Specially Rated – Not Fire Resisive (8) <input type="checkbox"/> Brick, Stone or Masonry Veneer (2) <input type="checkbox"/> Mobile Homes <input type="checkbox"/> Brick, Stone or Masonry (3) not Mobilehome Supplement (6) <input type="checkbox"/> Superior or Fire Resisive (4) <input type="checkbox"/> All Other (1) <input type="checkbox"/> Frame with Aluminum or Plastic Siding (5)							
		Mobilehome Supplement – Composition Shingle Roof and on: <input type="checkbox"/> A fully enclosed masonry foundation (7) <input type="checkbox"/> Blocks or piers and fully skirted (9)							
TERRITORY NO.		Code ()		PROTECTION CLASS		Code ()			
Not more than		feet from a fire hydrant and		miles from the Fire Department		Code ()			
FIRE DIST. OR TOWN:				Code ()		PREM. GP. NO.			
DEDUCTIBLE		Section I \$		Type Code ()		Size Code ()			
		Other \$		Type Code ()		Size Code ()			
STATISTICAL REPORTING INFORMATION (Separate Coding Record Required)									
Codes –		Subline	Number	Classi- fication	Cov. E Limit	Prepaid Premium	Prem. if Paid in Installments	Payable at Inception	Payable each Anniversary
Earthquake		()	(–)	(–)	(–)	\$	\$	\$	\$
F.P.L.		()	(–)	()	()	\$	\$	\$	\$
Snowmobiles		()	()	()	()	\$	\$	\$	\$
Watercraft		()	()	()	()	\$	\$	\$	\$
End. HO 04 60		()	(–)	()	()	\$	\$	\$	\$
End. HO 04 61		()	(–)	()	(–)	\$	\$	\$	\$
ALL OTHER PREMIUMS						\$	\$	\$	\$
<p>(a) The "residence premises" is not seasonal; (b) a "business" is not conducted on the "residence premises"; (c) the "residence premises" is the only premises where you maintain a residence other than "business" or farm properties; (d) the "insured" has no full time "residence employees"; (e) the "insured" has no outboard engine(s) or motor(s) or watercraft otherwise excluded under this policy for which coverage is desired.</p> <p>Exception, if any, to (a), (b), (c), (d) or (e)*</p> <p>* Absence of an entry means "no exceptions"</p>									