

# 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

UND INITIALS \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED  
 REJECTED

**APPLICATION MUST BE TYPED. PROVIDE ALL THE INFORMATION REQUESTED.**

SEE ACORD 66 MA FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

POLICY # :

**1. APPLICANT(S) NAME & MAIL ADDRESS**

NAME (AS IT SHOULD APPEAR ON POLICY)

#/STREET

CITY/STATE/ZIP

NAME OF THE PERSON THE INSPECTOR CAN CONTACT FOR INSPECTION OF THE PROPERTY

**2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT**

NAME OF LICENSED BROKER / AGENT

#/STREET

CITY/STATE/ZIP

TELEPHONE #

FAX #

CONTACT'S HOME TELEPHONE #

CONTACT'S BUSINESS TELEPHONE #

E-MAIL ADDRESS FOR MPIUA RESPONSE

APPLICANT'S OCCUPATION

**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.	2.
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**5. THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.**

EFFECTIVE DATE	ANNUAL TENTATIVE PREMIUM \$ _____ <input type="checkbox"/> IF INSTALLMENT PLAN SELECTED CHECK BOX	DOWN-PAYMENT (MINIMUM 25%) \$ _____
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**6. PRESENT OR PRIOR INSURANCE INFORMATION**

PRESENT OR PRIOR INSURER	POLICY #	EXPIRATION DATE	COVERAGE A LIMIT \$ _____	COVERAGE E LIMIT \$ _____
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**7. COVERAGE REQUESTED**

POLICY FORM	A - DWELLING	B - OTHER STRUCTURES (Describe in Remarks)	C - PERSONAL PROPERTY	D - FAIR RENTAL VALUE	OTHER	L - PERSONAL LIABILITY (EACH OCCURRENCE)	M - MEDICAL PAYMENTS (EACH PERSON)
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ANNUAL TENTATIVE PREMIUM \$ _____		DEDUCTIBLE \$ _____	WIND HAIL DEDUCTIBLE \$ _____	<input type="checkbox"/> IF STANDALONE PERSONAL LIABILITY COVERAGE ONLY	<input type="checkbox"/> AS AN ENDORSEMENT ADDING PERSONAL LIABILITY COVERAGE TO MPIUA DWELLING FIRE POLICY # _____		

**8. DWELLING INFORMATION**

**DWELLING IS**

<input type="checkbox"/> OWNER OCCUPIED	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> PARTIALLY VACANT/UNOCCUPIED	<input type="checkbox"/> UNDER REHABILITATION (DP 00 01 only)	Letter of Intent Required Letter of Intent Required
<input type="checkbox"/> NON OWNER OCCUPIED	<input type="checkbox"/> VACANT/UNOCCUPIED	IF PARTIALLY VACANT/UNOCCUPIED % OF VACANCY: _____ %		

**CONSTRUCTION OF DWELLING**

<input type="checkbox"/> FRAME (1)	<input type="checkbox"/> BRICK, STONE OR MASONRY VENEER (2)	<input type="checkbox"/> BRICK, STONE OR MASONRY (3)	<input type="checkbox"/> FIRE RESISTIVE (4)	<input type="checkbox"/> FRAME WITH ALUMINUM OR PLASTIC SIDING (5)
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**DWELLING CONTAINS**

<input type="checkbox"/> 1 APT	<input type="checkbox"/> 3 APTS	<input type="checkbox"/> MOBILE HOME (DP 00 01 only)	<input type="checkbox"/> CONDOMINIUM UNIT	<b>IF TOWNHOUSE / ROWHOUSE</b>
<input type="checkbox"/> 2 APTS	<input type="checkbox"/> 4 APTS	<input type="checkbox"/> TENANT'S PERSONAL PROPERTY ONLY		# OF FAMILY UNITS PER FIRE DIVISION: _____
# OF APARTMENTS: _____				# OF UNITS OWNED BY APPLICANT: _____

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	PROTECTION CLASS
			DISTANCE TO HYDRANT FT
			DISTANCE TO FIRE STATION MI

