

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION

APPLICATION FOR HOMEOWNERS INSURANCE INSPECTION AND PLACEMENT

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
MASSACHUSETTS MARKET ASSISTANCE PLAN
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

PROPERTY MUST BE OWNER OCCUPIED IF APPLYING FOR HO 02, 03, 05, OR 06.
PROVIDE ALL THE INFORMATION REQUESTED.

SEE ACORD 61 MA FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

--- IMPORTANT: SIGN HERE IF REQUESTING CONSIDERATION BY MASSACHUSETTS MARKET ASSISTANCE PLAN (MA-MAP) ---
 I (WE) REQUEST THAT THIS APPLICATION, IF IT QUALIFIES, BE SUBMITTED TO THE MA-MAP FOR CONSIDERATION BY PARTICIPATING
 INSURERS AS PER MA-MAP PROCEDURES.

APPLICATION #

SIGNATURE OF THE APPLICANTS

1. 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	
#/STREET		#/STREET	
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	Does the applicant elect to enroll in electronic receipt of the Insurance policy issued by MPIUA with the understanding that they may request to withdraw from this service at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. LOCATION OF PROPERTY, IF DIFFERENT FROM ABOVE (ITEM 1)		LOCATION OCCUPIED AS:	
#/STREET	CITY/STATE/ZIP	<input type="checkbox"/>	PRIMARY RESIDENCE
		<input type="checkbox"/>	SECONDARY RESIDENCE
		<input type="checkbox"/>	SEASONAL RESIDENCE

4. ADDITIONAL INSURED(S)	
INTEREST OF ADDITIONAL INSURED(S) NAME AND ADDRESS	ADD'L INSURED(S) OCCUPIES SEPARATE UNIT(S) IN THE DWELLING <input type="checkbox"/> YES <input type="checkbox"/> NO

5. NAME & ADDRESS OF MORTGAGEE(S) (ENCLOSE COPY OF CONTRACT FOR ALL NON-INSTITUTIONAL MORTGAGE HOLDERS)	
1.	2.

6. APPLICATION IS MADE FOR THE FOLLOWING COVERAGES & LIMITS OF LIABILITY:

SECTION I

SECTION II

HO FORM	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	DEDUCTIBLE	
							ALL PERILS	\$
							NAMED STORM	\$
APPLICANT IS <input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> TENANT OCCUPANT (HO 4 ONLY)	FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME W/ ALUMINUM OR PLASTIC SIDING <input type="checkbox"/>	MASONRY VENEER <input type="checkbox"/> SUPERIOR <input type="checkbox"/>	YEAR BUILT	FIRE DISTRICT/TOWN	TERR CODE	PROTECTION CLASS	DISTANCE TO HYDRANT FIRE STATION	
							FT	MI
RCT HOME COST ESTIMATOR VALUE (ASSOCIATION RCT COST ESTIMATOR REQUIRED) \$	PRESENT MARKET VALUE (EXCLUDING LAND) \$		DATE OF PURCHASE OF REAL PROPERTY		PURCHASE PRICE \$			
# OF FAMILY UNITS IN THE DWELLING (NOT TOWN/ROW HOUSE) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	INDICATE ENDORSEMENT(S), LIMIT(S) & APPLICABLE ADDITIONAL INFORMATION							
IF A TOWN/ROW HOUSE, # OF FAMILY UNITS IN FIRE DIVISION <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-8								
# OF UNITS OWNED BY APPLICANT	IF HO-4, 6 # OF APTS IN THE BLDG							

APPLICANT(S) NAME	APPLICATION #
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7. IF IMMEDIATE COVERAGE IS DESIRED, THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.

EFFECTIVE DATE	REASON FOR APPLICATION
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8. PRESENT OR PRIOR INSURER INFORMATION

PRESENT OR PRIOR INSURER	POLICY #	EXPIRATION DATE	COVERAGE A LIMIT \$
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9. GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
A. HAS ANY OR WILL ANY BUSINESS BE CONDUCTED ON THE PREMISES?			K. DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; or (C) DECLARED UNSAFE?		
B. ARE THERE OR WILL THERE BE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES? (IF YES, DESCRIBE IN DETAIL)			L. 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. IS ANY PORTION OF THE RESIDENCE PREMISES USED FOR HOME SHARING, SHORT TERM RENTALS OR LESS THAN WEEKLY RENTAL? IF "YES": WHAT PORTION OF THE PROPERTY IS RENTED? WHAT IS THE DURATION OF THE PROPERTY/UNIT RENTAL? HOW OFTEN IS THE PROPERTY OFFERED FOR RENTAL IN THIS CAPACITY? PROVIDE EXPLANATION.			M. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY FOR COVERAGE APPLIED		
D. 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.			N. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?		
E. DOES THE APPLICANT RESIDE IN OR OCCUPY ANY OTHER PREMISES?			O. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?		
F. HAS PRESENT INSURER FURNISHED NOTICE OF NON-RENEWAL OR INTENT TO CANCEL?			P. HAS THE APPLICANT FILED A VOLUNTARY PETITION, OR BEEN NAMED AS THE DEBTOR IN AN INVOLUNTARY PETITION, UNDER THE UNITED STATES BANKRUPTCY CODE OR IS THE APPLICANT ACTING AS BANKRUPTCY TRUSTEE OR PERSON PERFORMING A SIMILAR FUNCTION?		
G. ANY DOGS OR OTHER ANIMAL(S) ON PREMISES?			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 FORECLOSE? PLEASE EXPLAIN IN DETAIL ANY YES ANSWER.		
H. 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?			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?		
I. IS THE APPLICANT AWARE OF ANY UNREPAIRED PHYSICAL CONDITION OR DAMAGE AT THE LOCATION TO BE INSURED?			S. DOES APPLICANT HAVE FLOOD INSURANCE? (IF YES, GIVE POLICY # AND COVERAGE AMOUNT IN REMARKS)		
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. HAS APPLICANT OBTAINED LETTER OF INTERIM CONTROL OR LETTER OF COMPLIANCE FOR LEAD PAINT?		

REMARKS (USE ADDITIONAL SHEET IF NEEDED)

SIGNATURE

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. ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES HEREON MAY VOID ANY POLICY ISSUED. I (WE) FURTHER CERTIFY THAT I (WE) HAVE MADE REASONABLE EFFORT TO OBTAIN INSURANCE AND HAVE BEEN UNABLE TO OBTAIN IT ELSEWHERE. 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) ACKNOWLEDGE THAT I (WE) HAVE BEEN PROVIDED HOMEOWNER INSURANCE LEAD POISONING EXCLUSION AND COVERAGE OPTION NOTICE AND COMMONWEALTH OF MASSACHUSETTS DISCLOSURE STATEMENT AND I (WE) HAVE READ THE INSPECTION NOTICE AND CREDIT REPORTING NOTICE PROVIDED ON THE ACORD 61 MA AND UNDERSTAND THAT THESE NOTICES FORM A PART OF THIS APPLICATION. I (WE) FURTHER ACKNOWLEDGE THAT I (WE) HAVE BEEN PROVIDED A SUMMARY OF THE MASSACHUSETTS MARKET ASSISTANCE PLAN (MA-MAP). I ACKNOWLEDGE THAT I HAVE READ THE NEGATIVE OPTION FEATURE DISCLOSURE.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

SIGNATURE(S) OF ALL APPLICANTS (INCL ADDITIONAL INSURED)	DATE	SIGNATURE(S) OF ALL APPLICANTS (INCL ADDITIONAL INSURED)	DATE
SIGNATURE(S) OF ALL APPLICANTS (INCL ADDITIONAL INSURED)	DATE	SIGNATURE(S) OF ALL APPLICANTS (INCL ADDITIONAL INSURED)	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
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