

**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

PROVIDE ALL THE INFORMATION REQUESTED.

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

	APPLICATION # :
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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)

# STREET	CITY / STATE / ZIP
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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	REASON FOR APPLICATION
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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 \$	NAMED STORM 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	IF TOWNHOUSE / ROWHOUSE
<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

