

**MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION  
INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS FOR COMPLETING  
DWELLING FIRE AND LIABILITY INSURANCE APPLICATION ACORD 65 MA**

**INSPECTION NOTICE**

THE ACORD 65 MA APPLICATION IS SUBMITTED WITH THE UNDERSTANDING THAT AN INSPECTION MAY BE MADE ON THIS PROPERTY. SAID INSPECTION IS TO BE CONDUCTED FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY AND VALUE OF THE PROPERTY WITH THE MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION. I/WE UNDERSTAND THAT THIS APPLICATION IN NO WAY BINDS ANY COMPANY TO AFFORD INSURANCE ON THE DESCRIBED PROPERTY. INSPECTIONS MADE UNDER THIS PROGRAM AND ANY REPORT OF THE INSPECTIONS ARE FOR UNDERWRITING PURPOSES. REGARDLESS OF WHETHER A POLICY IS ISSUED, THE MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION, THEIR MEMBER COMPANIES, DIRECTORS, OFFICERS, AGENTS, OR EMPLOYEES, ANY OTHER INSPECTION SERVICE, OR ANY COMPANY REPRESENTED BY ANY OF THE FOREGOING AND ANY AGENT OR EMPLOYEE OF THE FOREGOING, WILL NOT BE LIABLE FOR ANY INJURY OR DAMAGE CLAIMED TO ARISE FROM THE INSPECTION OR FAILURE TO INSPECT, THE INSPECTION REPORT OF THE PHYSICAL CONDITION OF THE PREMISES, OMISSIONS FROM SUCH INSPECTIONS OR REPORTS, OR FROM COMPLIANCE OR NONCOMPLIANCE BY THE PROPERTY OWNER OR OTHERS WITH THE RECOMMENDATIONS, IF ANY, CONTAINED IN THE SAID INSPECTION REPORT. NOTHING CONTAINED IN OR OMITTED FROM SAID INSPECTION REPORT SHALL BE CONSTRUED TO INFER OR IMPLY THAT THE HAZARDOUS PHYSICAL CONDITIONS, IF ANY, SO NOTED OR OMITTED, CONSTITUTE ALL SUCH CONDITIONS EXISTING ON THE PROPERTY AT THE TIME OF SAID INSPECTION. PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORTS TO THE STATE INSURANCE DEPARTMENT, THE MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION, ANY COMPANY REPRESENTED BY ANY OF THE FOREGOING, AND MY (OUR) AGENT OR REPRESENTATIVE.

IF APPLICANT IS A PARTNERSHIP, COMPANY OR CORPORATION, THIS APPLICATION SHALL BE SIGNED ON THE ACORD 65 MA BY AN OFFICIAL OF THE FIRM, PRINTING NAME AND TITLE BELOW THE SIGNATURE. IF APPLICANT IS AN INDIVIDUAL SEEKING INSURANCE FOR PERSONAL PURPOSES, THE FOLLOWING PARAGRAPH APPLIES:

**CREDIT REPORTING NOTICE**

THIS ASSOCIATION, PURSUANT TO THE FAIR CREDIT REPORTING ACT, 15 U.S.C.S. SECTION 1681 ET SEQ., MAY DECIDE TO OBTAIN A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT FROM A CREDIT REPORTING AGENCY OR AGENCIES IN CONNECTION WITH THE UNDERWRITING OF INSURANCE FOR YOUR PROPERTY. ANY SUCH ACTION BY THIS ASSOCIATION WILL BE TAKEN IN COMPLIANCE WITH THE PROCEDURES SET FORTH IN THE FAIR CREDIT REPORTING ACT.

**INSTRUCTIONS**

**(FOR DETAILED INSTRUCTIONS SEE PRODUCERS' OPERATIONS MANUAL)**

1. PLEASE COMPLETE VIA THE ONLINE WEB APPLICATION ACCESSIBLE THROUGH THE PRODUCER PORTAL.
2. PLEASE TYPE OR PRINT CLEARLY WHEN COMPLETING THIS APPLICATION.
3. APPLICANTS AND PRODUCER MUST SIGN AND DATE THIS APPLICATION.
4. INCOMPLETE, ILLEGIBLE OR UNSIGNED APPLICATIONS WILL BE REJECTED.
5. INDICATE N/A IF AN ITEM ON THE APPLICATION IS NOT APPLICABLE.
6. A COMPLETED HOME COST ESTIMATOR MUST BE SUBMITTED WITH THIS APPLICATION WHEN REQUESTING DP 00 02 OR DP 00 03.
7. A COMPLETED LETTER OF INTENT MUST BE SUBMITTED WITH THIS APPLICATION IF THE PROPERTY IS IN PROCESS OF REHABILITATION, RENOVATION OR CONSTRUCTION. DP 00 01 POLICY APPLIES IF DWELLING IS IN PROCESS OF REHABILITATION, RENOVATION OR CONSTRUCTION.

**APPLICATION BY MAIL OR HAND**

MAIL OR SUBMIT TO THE OFFICE OF THE ASSOCIATION A COMPLETED AND SIGNED APPLICATION WITH PAYMENT OF TENTATIVE PREMIUM. THE ASSOCIATION, UPON RECEIPT OF THE APPLICATION, WILL DETERMINE THE INITIAL ACCEPTABILITY OF THE RISK AND, IF APPROVED, WILL ISSUE A PROOF OF INSURANCE OR POLICY DECLARATION. COVERAGE WILL BE EFFECTIVE AT 12:01 A.M. STANDARD TIME ON THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION. IF DESIRED, A LATER DATE MAY BE REQUESTED IN ITEM 8. IF THE APPLICATION IS REJECTED AN APPLICATION RETURN NOTICE GIVING THE REASONS FOR REJECTION WILL BE ISSUED.

**APPLICATION VIA WEB OR FAX**

VIA WEB, PRODUCER MUST LOGIN TO THEIR PRODUCER PORTAL TO ACCESS AND COMPLETE THE ONLINE WEB APPLICATION. IF SUBMITTING BY FAX, FAX TO THE ASSOCIATION A COMPLETED AND SIGNED APPLICATION, AS WELL AS ALL APPLICABLE DOCUMENTS. THE ASSOCIATION'S TOLL FREE FAX NUMBER FOR IMMEDIATE COVERAGE ONLY IS:1-800-932-6717.

THE ASSOCIATION UPON RECEIPT OF THE APPLICATION WILL DETERMINE THE INITIAL ACCEPTABILITY OF THE RISK AND, IF APPROVED, WILL ISSUE VIA FAX A PROOF OF INSURANCE FORM AS EVIDENCE OF INSURANCE. THE PROOF OF INSURANCE FORM WILL INCLUDE THE POLICY NUMBER ASSIGNED BY THE ASSOCIATION, THE COVERAGE EFFECTIVE DATE, THE ANNUAL TENTATIVE PREMIUM DUE, AND THE PROOF OF INSURANCE ISSUE DATE. IF THE APPLICATION IS REJECTED AN APPLICATION RETURN NOTICE, GIVING THE REASONS FOR REJECTION, WILL BE ISSUED VIA FAX. COVERAGE WILL BE EFFECTIVE AT 12:01 A.M. STANDARD TIME ON THE DATE THE FAXED APPLICATION IS RECEIVED BY THE ASSOCIATION, UNLESS A LATER DATE IS REQUESTED ON THE APPLICATION.

UPON RECEIPT OF THE PROOF OF INSURANCE FORM YOU MUST MAIL TO THE ASSOCIATION ONE COPY OF THE PROOF OF INSURANCE FORM WITH A PREMIUM PAYMENT CHECK INDICATING THE POLICY NUMBER TO WHICH THE PAYMENT APPLIES.

IF A COPY OF THE PROOF OF INSURANCE FORM AND THE PAYMENT OF THE TENTATIVE PREMIUM ARE NOT RECEIVED IN THE OFFICES OF THE ASSOCIATION, WITHIN 10 DAYS OF THE PROOF OF INSURANCE ISSUE DATE, THE ASSOCIATION WILL ISSUE A NOTICE OF CANCELLATION.

## **PAYMENT OF PREMIUM AND TOTAL PRICE DISCLOSURE NOTICE**

PAYMENT OF PREMIUM MAY BE MADE IN PERSON OR BY MAIL, BY CHECK, MONEY ORDER, CASH, OR ONLINE VIA THE MPIUA WEBSITE AND INSURED PORTAL. DO NOT MAIL CASH. ALL PAYMENTS MUST BE IMMEDIATELY NEGOTIABLE. LICENSED AGENTS AND BROKERS MUST PAY ALL PREMIUMS IN FULL. **DO NOT DEDUCT YOUR COMMISSION.** PAYMENTS MUST BE MADE TO THE ORDER OF: MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION

THE POLICY COULD BE PAID IN FULL TO AVOID ADDITIONAL FEES. SHOULD YOU FORGO PAYMENT IN FULL AND ELECT TO PARTICIPATE IN THE 8-PREMIUM INSTALLMENT PLAN, THE PREMIUM INSTALLMENT PAYMENT PROGRAM REQUIRES A MINIMUM 20% DOWN PAYMENT AT POLICY INCEPTION. THE REMAINING BALANCE WILL BE BILLED IN SEVEN INSTALLMENTS, DUE AT 30-DAY INTERVALS, BEGINNING ON THE 45TH DAY FROM POLICY INCEPTION; 45TH, 75TH, 105TH, 135TH, 165TH, 195TH AND 225TH DAYS. IF OVERPAYMENTS ARE MADE, THE OVERAGE WILL BE APPLIED TO THE NEXT INVOICE, WHICH MAY REDUCE THE TOTAL REMAINING INSTALLMENTS. INSTALLMENT BILLS WILL BE MAILED DIRECTLY TO THE INSURED APPROXIMATELY 15 DAYS BEFORE THE DUE DATE. A SERVICE CHARGE FEE OF UP TO \$4.00 WILL BE ADDED TO EACH INVOICE THAT IS ISSUED, OR UP TO AN ADDITIONAL \$28 TOTAL, SHOULD ALL SEVEN INVOICES BE ISSUED. THE \$4.00 INSTALLMENT FEE CAN BE AVOIDED BY PAYING ONLINE AT [WWW.MPIUA.COM](http://WWW.MPIUA.COM) AND SELECTING PAY YOUR BILL. THESE INSTALLMENT FEES CAN ALSO BE AVOIDED BY PAYING THROUGH MPIUA'S INSURED PORTAL WHICH YOU WILL GAIN ACCESS TO ONCE YOUR POLICY GOES INTO EFFECT.

## **NEGATIVE OPTION FEATURE DISCLOSURE**

IN ACCORDANCE WITH 940 CMR 38, WE ARE PROVIDING THE FOLLOWING DISCLOSURE NOTICE REGARDING YOUR APPLICATION FOR INSURANCE. IF A POLICY IS ISSUED, IT WOULD CONTAIN A NEGATIVE OPTION FEATURE AS DEFINED BY 940 CMR 38.00 - UNFAIR AND DECEPTIVE FEES. THIS MEANS YOUR POLICY WILL AUTOMATICALLY RENEW AT THE END OF EACH POLICY PERIOD AND IF YOU DO NOT CANCEL, YOU WOULD BE EXPECTED TO MAKE REGULAR PREMIUM PAYMENTS THEREAFTER. IF YOU DO NOT RECEIVE A CANCELLATION OR NON-RENEWAL NOTICE FROM US, THEN WE INTEND TO RENEW YOUR POLICY. IF YOU DO NOT WISH TO RENEW, YOU MUST SUBMIT A PROPERLY EXECUTED POLICY CANCELLATION REQUEST FORM AT [WWW.MPIUA.COM](http://WWW.MPIUA.COM) UNDER "QUICK LINKS" OR CONTACT YOUR INSURANCE PRODUCERS FOR THEM TO ASSIST PRIOR TO THE RENEWAL DATE TO ENSURE TIMELY PROCESSING. IF THE POLICY IS RENEWED, CANCELLATION MAY BE BACK-DATED UPON PROOF OF REPLACEMENT COVERAGE. FAILURE TO PROVIDE NOTICE WILL RESULT IN AUTOMATIC RENEWAL. YOU ALWAYS HAVE A RIGHT TO CANCEL OR NON-RENEW YOUR EXISTING COVERAGE, EVEN IF WE INTEND TO RENEW YOUR POLICY. CANCELLING OR NON-RENEWING YOUR INSURANCE POLICY WITHOUT SECURING ALTERNATE COVERAGE MAY RESULT IN A LAPSE OF PROTECTION, LEAVING YOU FINANCIALLY EXPOSED IN THE EVENT OF A LOSS. PLEASE ENSURE THAT YOU HAVE OBTAINED COVERAGE WITH ANOTHER INSURANCE COMPANY SHOULD YOU CANCEL OR NON-RENEW YOUR POLICY.

## **NEW BUSINESS - NON-IMMEDIATE COVERAGE**

MAIL OR SUBMIT TO THE OFFICE OF THE ASSOCIATION A COMPLETED AND SIGNED APPLICATION. IF SUBMITTING VIA THE ONLINE WEB APPLICATION, THE PRODUCER CERTIFIES THAT THEY WILL MAINTAIN THE ORIGINAL COPY OF THE SIGNED APPLICATION IN THEIR FILE AND THAT IT WILL BE MADE AVAILABLE TO MPIUA UPON REQUEST BY MPIUA. DO NOT MAKE PAYMENT WITH THE APPLICATION. IF THE PROPERTY IS FOUND INSURABLE, THE ASSOCIATION WILL ISSUE A NOTICE OF OFFER / PREMIUM INVOICE INDICATING THE PREMIUM DUE. COVERAGE BECOMES EFFECTIVE THE DAY THE PAYMENT OF PREMIUM IS RECEIVED IN THE OFFICE OF THE ASSOCIATION, OR A LATER DATE IF REQUESTED. IF THE PROPERTY IS FOUND UNINSURABLE, THE ASSOCIATION WILL ISSUE A SUBSTANDARD CONDITION NOTICE.

## **ADDING COVERAGE TO AN EXISTING POLICY**

TO ADD PERSONAL LIABILITY COVERAGE TO AN EXISTING DWELLING FIRE POLICY, MAIL OR FAX TO THE OFFICE OF THE ASSOCIATION A COMPLETED AND SIGNED APPLICATION. THE ASSOCIATION, UPON RECEIPT OF THE APPLICATION, WILL DETERMINE THE INITIAL ACCEPTABILITY OF THE RISK AND, IF APPROVED, WILL ISSUE A PROOF OF INSURANCE OR POLICY DECLARATION. COVERAGE WILL BE EFFECTIVE AT 12:01 A.M. STANDARD TIME ON THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION. IF DESIRED, A LATER DATE MAY BE REQUESTED IN SECTION 5. IF THE APPLICATION IS REJECTED AN APPLICATION RETURN NOTICE GIVING THE REASONS FOR REJECTION WILL BE ISSUED.

ALL OTHER ENDORSEMENT REQUESTS MUST BE MADE USING THE ENDORSEMENT REQUEST FORM FOR DWELLING FIRE INSURANCE AVAILABLE AT [WWW.MPIUA.COM](http://WWW.MPIUA.COM).

## **PRIVACY NOTIFICATION**

We may disclose information to our Member Companies concerning you, your property and your policy in order to allow the Member Companies the opportunity to make an offer to you to insure your property. The information we may provide to Member Companies for this purpose could include, for example, your name, address, property description, inspection reports, policy information including policy limits, endorsements and deductibles and name and address of your insurer agent.