

SUPPLEMENTAL INSURANCE APPLICATION FOR ARSON CONTROL

Applicant: _____
 Location: _____
 Amount of Insurance \$ _____ Applicant is: Owner-occupant Absentee owner Tenant

VALUATION: This information helps to explain the amount of insurance selected at the time of application, but does not determine the value at the time of loss.

Purchase Information: Date _____ Price \$ _____ Cost of subsequent improvements \$ _____
 Estimated Replacement Cost \$ _____ Estimated Fair Market Value (exclusive of land) \$ _____
 For rental properties, indicate the Annual Rental Income \$ _____

Check the valuation method used to establish the amount of insurance:
 Replacement Cost Replacement Cost Less Physical Depreciation
 Fair Market Value (exclusive of land) Other: _____

Who determined the value: _____ Attach copy of any appraisal.

UNDERWRITING INFORMATION: If the answer to any of the following questions is "yes", complete the appropriate section on the reserve side.

1. Is the applicant other than an individual or sole proprietorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are any mortgage payments (building or contents) overdue by 3 months or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are there any tax liens against the property or business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any taxes unpaid or overdue for 1 year or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are there any current violations of fire safety, health, building, or construction codes at this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has anyone with a financial interest in this property been convicted for arson, fraud, or other crime related to loss on property owned now or during the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the mortgagee other than a federal or state chartered lending institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have there been losses during the past 5 years exceeding \$1,000 in damage to this property or to any property in which anyone with a financial interest in this property had an equity interest or held a mortgage (except federal or state chartered lending institutions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is any portion of the building or any apartment vacant, unoccupied or seasonal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Has any coverage or policy on this property been declined, cancelled, or non-renewed in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any other insurance in force or to be secured on this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The proposed insured covenants that the information provided on this application and the main application is true, complete, and correct based on his/her records, knowledge, and belief. The proposed insured agrees that these applications shall constitute a part of any policy issued whether attached or not and any willful concealment or misrepresentation of a material fact or circumstance shall void any policy issued.

Signature of Agent or Broker

Signature of proposed insured

Date

Official Title

1. Ownership Information:

List the names and addresses of:

- Shareholders of a corporation
- Partners, including limited partners
- Trustees and beneficiaries

Note: List only those possessing an ownership interest of 25% or more, except for closed corporations and beneficiaries where all owners should be listed.

Name	Address	Position	Interest %

2. Mortgage Payments:

Mortgagee _____ Date Due _____ Amount Due _____

List any other encumbrances: _____

3. Taxes:

Type _____ Date Due _____ Amount Due _____

4. Code Violations:

Date _____ Describe _____

5. Convictions:

Date _____ Describe _____

Name of person _____

6. Unchartered Mortgagees:

Name _____

Explanation _____

7. Losses:

Location	Date	Amount	Description

8. Vacancy:

Indicate seasonal period (if any) when building is unused: _____

For apartment buildings, indicate: Total units _____ Unoccupied units _____

For other buildings, indicate Vacancy _____% Unoccupancy _____%

For all buildings, indicate the following:

Reason for vacancy/unoccupancy: _____

Anticipated date of occupancy: _____

If the building is vacant or unoccupied, indicate how it is protected from unauthorized entry: _____

Is there a government order to vacate or destroy the building or has the building been classified as uninhabitable or structurally unsafe?

Yes No

Is water, sewage, electricity, or heat out of service?

Yes No

If Yes, Explain: _____

Is there unrepaired damage or have items been stripped from the building?

Yes No

If Yes, Describe: _____

Is the building for sale?

Yes No

If Yes, date put up for sale: _____

9. Other policies:

Status	Date	Amount of Insurance	Carrier	Policy #