ACORD™

NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION
DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)

744 BROAD STREET, NEWARK, NEW JERSEY 07102-3881 www.njiua.org

PRODUCER	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)	POLICY NO.
		☐ NEW ☐ RENEWAL
TELEPHONE NO.	HOME PHONE # ☐ DAY ☐ EVE	BUSINESS PHONE # ☐ DAY ☐ EVE
LICENSE NO. / TIN OR SS NO.	LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Include county and zip + 4)	
I CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF THE STATE OF NEW JERSEY. I HAVE EXPLAINED TO THE APPLICANT THE NATURE OF THE INSURANCE APPLIED FOR AND HAVE INCLUDED IN THIS APPLICATION ALL REQUIRED INFORMATION WHICH I BELIEVE TO BE ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN THE EVENT THE POLICY IS VOID, CANCELLED OR CHANGE MADE RESULTING IN A RETURN OF PREMIUM TO THE INSURED, I AGREE TO RETURN THE UNEARNED COMMISSION PORTION OF THE RETURN PREMIUM.	BUILDING NO:	
	PERSON TO CONTACT TO ARRANGE FOR INSPECTION IF NECESSARY	
SIGNATURE OF PRODUCER / DATE (MM/DD/YYYY)	TELEPHONE NO.	

APPLICANT INFORMATION

APPLICANT'S OCCUPATION (State nature of business if self-employed)	MARITAL STATUS	DATE OF BIRTH (MM/DD/YYYY)

COVERAGES/LIMITS OF LIABILITY

A. DWELLING	B. PERSONAL PROPERTY	DEDUCTIBLE (TYPE AND AMOUNT)	
$	$	☐ ALL PERIL	$
		☐ NAMED HURRICANE	$

PERILS INSURED AGAINST

☐ FIRE *
☐ FIRE AND EXTENDED COVERAGE
☐ FIRE AND EXTENDED COVERAGE AND VANDALISM OR MALICIOUS MISCHIEF

* EXTENDED COVERAGE AND VANDALISM OR MALICIOUS MISCHIEF MAY BE EXCLUDED ONLY BY SPECIFIC WRITTEN REQUEST SIGNED BY THE INSURED. (SEE STATEMENT ON REVERSE SIDE)

PURCHASE PRICE OF BUILDING INCLUDING IMPROVEMENTS	DATE PURCHASED	WHOLE OR PART VACANT OR UNOCCUPIED?			% OF TOTAL	
$			☐ YES	☐ NO	_____	IF VACANT, SUPPLEMENTAL APPLICATION VP-0003 IS REQUIRED

RATING/UNDERWRITING

OCCUPANCY FOR BUILDING AND PERSONAL PROPERTY

☐ OWNER OCCUPIED
☐ TENANT OCCUPIED
WEEKS RENTED _____
☐ SECONDARY
☐ SEASONAL
☐ UNDER CONSTRUCTION
COMPLETION DATE _____

NUMBER OF FAMILIES
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 OR OVER

FOR PERSONAL PROPERTY ONLY
☐ IN MERCANTILE BUILDING

☐ FRAME ☐ MASONRY ☐ MASONRY VENEER ☐ OTHER:	☐ PLASTIC SIDING ☐ ASBESTOS SIDING ☐ FIRE RES	MARKET VALUE $ ROOF TYPE	STRUCTURE TYPE ☐ DWELLING ☐ APART ☐ CONDO	☐ MOBILE HOME ☐ TOWNHOUSE ☐ ROWHOUSE	PROTECT CLASS	DISTANCE TO HYDRANT FT	FIRE STATION MI	HEAT TYPE PRIMARY SECONDARY	RENOVATION TYPE	PART	COMP	YEAR
YR BUILT	SQ FT	# ROOMS	# APTS	FIRE DISTRICT/CODE NUMBER	NUMBER OF FIRE DIVS	UNITS IN FIRE DIV	TERR CODE		WIRING			
									PLUMBING			
									HEATING			
									ROOFING			
									EXTERIOR PAINT			

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION? ☐ YES ☐ NO IF YES, INDICATE BELOW

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			☐ YES ☐ NO

ADDITIONAL INTEREST

INT #	NAME AND ADDRESS	LOAN NUMBER
☐ MORTG'E ☐ ADDL INT		
☐ MORTG'E ☐ ADDL INT		

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IMPORTANT

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES THE PROPERTY IS NOT INSURABLE WITH THIS ASSOCIATION

ARE PROPERTY TAXES UNPAID FOR TWO (2) QUARTERS OR MORE?	☐ **YES**	☐ **NO**
DOES THE PROPERTY HAVE ANY OUTSTANDING FIRE OR OTHER CODE VIOLATIONS WHICH HAVE BEEN BROUGHT TO THE APPLICANT'S ATTENTION BY ANY AUTHORITY?	☐ **YES**	☐ **NO**
HAS THE PROPERTY BEEN CONDEMNED OR ORDERED UNINHABITABLE BY ANY AUTHORITY?	☐ **YES**	☐ **NO**

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN 1 - 12 IN REMARKS	YES	NO
1. IS ANY BUSINESS CONDUCTED ON THE PREMISES? (Including Day/Child Care)		
2. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN PRIVATE RESIDENCE AND THEN CONVERTED?		
3. ANY OTHER INSURANCE WITH THIS COMPANY? List Policy Numbers:		
4. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS?		
5. IS THERE ANY UNPAID, UNCONTESTED PREMIUM DUE?		
6. IS BUILDING UNDERGOING RENOVATIONS OR RECONSTRUCTION? List Completion Date:		
7. IS HOUSE FOR SALE?		
8. IS THERE ANY EXISTING PROPERTY DAMAGE?		
9. IS BUILDING AWAITING DEMOLITION?		

EXPLAIN ALL "YES" RESPONSES IN 1 - 12 IN REMARKS	YES	NO
10. HAS THE APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?		
11. DURING THE LAST TEN (10) YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?		
12. ANY FIRE CODE VIOLATIONS IN THE LAST TWELVE (12) MONTHS?		
13. ARE SPACE HEATERS, KEROSENE HEATERS VENTED AND AWAY FROM FURNITURE?		
14. ARE ELECTRICAL CORDS, EXTENSION CORDS IN GOOD CONDITION?		

15. PROVIDE NAME OF AN ADMITTED VOLUNTARY MARKET INSURER THAT DECLINED TO PROVIDE HOMEOWNERS COVERAGE TO THE APPLICANT

INSURER: _____

REASON FOR DECLINATION: _____

REMARKS

MOBILE HOME

YEAR	MAKE	MODEL	SERIAL NUMBER

LENGTH	WIDTH	TIE DOWN	CONTINUOUS MASONRY FOUNDATION
		☐ FULL ☐ CHASSIS ONLY ☐ OVERTOP ONLY ☐ NONE	☐ YES ☐ NO

APPLICANT MUST SIGN AND DATE THIS APPLICATION BELOW. READ CAREFULLY BEFORE SIGNING.

CERTIFICATION OF APPLICATION FOR INSURANCE

I DECLARE AND STATE THAT: (1) I HAVE BEEN UNABLE TO OBTAIN PROPERTY INSURANCE WITHIN THE PRECEDING 60 DAYS. (2) THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (3) I UNDERSTAND THAT THE ASSOCIATION INTENDS TO RELY UPON THE INFORMATION PROVIDED BY ME IN THIS APPLICATION. I FURTHER UNDERSTAND THAT IF I PROVIDE INACCURATE OR MISLEADING INFORMATION OR FAIL TO DISCLOSE REQUIRED INFORMATION, IT WILL BE CONSIDERED LACK OF GOOD FAITH ON MY PART AND WILL VOID MY COVERAGE AND MAY SUBJECT ME TO CRIMINAL AND CIVIL PENALTIES. (4) THE PRODUCER NAMED BELOW IS NOT ACTING AS AN AGENT OF THE ASSOCIATION FOR THE PURPOSES OF THIS INSURANCE. (5) NO COVERAGE WILL BE IN EFFECT IF MY PREMIUM REMITTANCE IS DISHONORED OR SHORT OF THE FULL AMOUNT DUE. (6) THIS APPLICATION FOR INSURANCE DOES NOT BIND THE ASSOCIATION TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY. (7) ANY INSPECTION OF THE PROPERTY CONDUCTED BY THE NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION OR ITS AGENT SHALL NOT CREATE ANY LIABILITY ON THEIR PART.

IF THE APPLICANT IS AN INDIVIDUAL THE FOLLOWING PARAGRAPH APPLIES:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY SUBSTANTIAL) CIVIL PENALTIES.

SIGNATURE OF APPPLICANT _____ DATE _____

IF THE APPLICANT IS A PARTNERSHIP, COMPANY OR CORPORATION, AN OFFICER OF THE FIRM SHALL SIGN CERTIFICATION, PRINTING NAME AND TITLE BELOW. SUPPLEMENTAL CORPORATE QUESTIONNAIRE (FORM NJ-1A) MUST BE COMPLETED AND FILED WHEN THE APPLICANT IS A CORPORATION, HOLDING COMPANY OR PARTNERSHIP.

NAME _____ TITLE _____

I (WE) SPECIFICALLY REQUEST THAT ONLY FIRE INSURANCE COVERAGE BE WRITTEN ON MY (OUR) DWELLING PROGRAM POLICY.

SIGNATURE OF APPPLICANT _____ DATE _____

IN THE EVENT A POLICY IS CANCELLED BY THE INSUROR, ANY BROKER OF RECORD MAY CLAIM HIS PORTION OF THE UNEARNED COMMISSION, AND THE BALANCE OF THE UNEARNED PREMIUM INCLUDING ANY BALANCE OF UNEARNED COMMISSION, SHALL BE RETURNED TO THE POLICY HOLDER.