## Application for Dwelling Fire Insurance Inspection and Placement

### 1. Applicant(s) Name & Mail Address

- **Name (As It Should Appear on Policy)**
- **#Street**
- **City/State/Zip**
- **Telephone #**
- **Fax #**
- **Contact’s Home Telephone #**
- **Contact’s Business Telephone #**
- **Tax Identification #**
- **Applicant’s Occupation**
- **Social Security #**

### 2. If Application is Submitted by a Licensed Broker/Agent

- **Name of Licensed Broker/Agent**
- **#Street**
- **City/State/Zip**

### 3. Location of Property, If Different from Above (Item 1)

- **# Street**
- **City/State/Zip**

### 4. Present or Prior Insurer Information

<table>
<thead>
<tr>
<th>Present or Prior Insurer</th>
<th>Policy #</th>
<th>Expiration Date</th>
<th>Coverage Amount</th>
</tr>
</thead>
</table>

### 5. Name & Address of Mortgagee(s)

1. 
2. 

### 6. Coverages Requested

<table>
<thead>
<tr>
<th>Coverages</th>
<th>Coverage Amounts</th>
<th>Check Perils Insured Against</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - Dwelling</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B - Other Structures (Describe Below)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C - Personal Property</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D - Fair Rental Value</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>DEDUCTIBLE: $</td>
<td></td>
</tr>
</tbody>
</table>

### 7. Dwelling Information

- **Dwelling is**
  - Owner Occupied
  - Tenant Occupied
  - Seasonal
  - Vacant/Unoccupied
  - Partially Vacant/Unoccupied
  - Under Rehabilitation Under Construction

- **Construction of Dwelling**
  - Frame (1)
  - Brick, Stone or Masonry Veneer (2)
  - Brick, Stone or Masonry (3)
  - Fire Resistant (4)
  - Frame with Aluminum or Plastic Siding (5)

- **Dwelling Contains**
  - 1 APT
  - 2 APTs
  - 3 APTs
  - 4 APTs
  - Mobile Home
  - Tenant's Personal Property Only
  - # of Family Units Per Fire Division:
  - # of Units Owned by Applicant:

- **Building Replacement Cost**
- **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)

### Additional Information

- **Letter of Intent Required**

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**ACORD 65 MA (2003/04)**

**PLEASE COMPLETE REVERSE SIDE**

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8. 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.

<table>
<thead>
<tr>
<th>EFFECTIVE DATE</th>
<th>ANNUAL TENTATIVE PREMIUM</th>
<th>DOWN-PAYMENT (MINIMUM 25%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>IF INSTALLMENT PLAN SELECTED CHECK BOX</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

9. GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS

<table>
<thead>
<tr>
<th>A. ANY BUSINESS CONDUCTED ON PREMISES?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. HAS PRESENT INSURER FURNISHED NOTICE OF NON-RENEWAL OR INTENT TO CANCEL?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>C. HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS? (IF YES STATE TYPE(S), DATE(S) AND AMOUNT(S) IN REMARKS)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>D. DOES APPLICANT HAVE NATIONAL FLOOD INSURANCE? (IF YES, GIVE POLICY # AND COVERAGE AMOUNT IN REMARKS)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>E. ANY UNREPAIRED DAMAGE?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>F. DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; or (C) DECLARED UNSAFE?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>G. 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?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>H. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>I. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>J. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>K. 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?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>L. 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?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>M. ARE THERE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER PER FAMILY.)</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

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) HAVE READ THE INSPECTION NOTICE AND CREDIT REPORTING NOTICE PROVIDED ON THE ACORD 66 MA AND UNDERSTAND THAT THESE NOTICES FORM A PART OF THIS APPLICATION.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

__________________________  ____________________________
SIGNATURE(S) OF ALL APPLICANTS  DATE                    SIGNATURE(S) OF ALL APPLICANTS  DATE

__________________________  ____________________________
SIGNATURE(S) OF ALL APPLICANTS  DATE                    SIGNATURE(S) OF ALL APPLICANTS  DATE

UNDER THE PENALTIES OF PERJURY, I HEREBY CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF MASSACHUSETTS, THAT THE TAX IDENTIFICATION NUMBER PROVIDED ON THIS FORM IS TRUE AND COMPLETE AND THAT I AM UNABLE TO OBTAIN INSURANCE ELSEWHERE ON BEHALF OF THE APPLICANT.

__________________________  ____________________________
SIGNATURE OF LICENSED BROKER OR AGENT  DATE

ACORD 65 MA (2003/04)