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 FAX: (800) 932-6717 PHONE: (617) 723-3800 (800) 392-6108 (MA ONLY) 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 #: 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 #/STRFFT #/STRFFT 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 Does the applicant elect to enroll in electronic receipt of the APPLICANT'S OCCUPATION **INSURED E-MAIL ADDRESS** Insurance policy issued by MPIUA with the understanding that No Yes they may request to withdraw from this service at any time? 3. LOCATION OF PROPERTY, IF DIFFERENT FROM ABOVE (ITEM 1) # STREET CITY / STATE / ZIP 4. NAME & ADDRESS OF MORTGAGEE(S) (ENCLOSE COPY OF CONTRACT FOR ALL NON-INSTITUTIONAL MORTGAGE HOLDERS) 1. 5. THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW. REASON FOR APPLICATION FFFCTIVE DATE 6. PRESENT OR PRIOR INSURANCE INFORMATION PRESENT OR PRIOR INSURER POLICY # **EXPIRATION DATE COVERAGE A LIMIT COVERAGE E LIMIT** 7. COVERAGE REQUESTED POLICY B - OTHER STRUCTURES C - PERSONAL D - FAIR RENTAL L - PERSONAL LIABILITY M - MEDICAL PAYMENTS A - DWELLING FORM PROPERTY OTHER (EACH OCCURRENCE) (EACH PERSON) (Describe in Remarks) VALUE \$ \$ NAMED STORM DEDUCTIBLE IF STANDALONE ANNUAL TENTATIVE PREMIUM **DEDUCTIBLE** AS AN ENDORSEMENT ADDING PERSONAL LIABILITY COVERAGE PERSONAL LIABILITY TO MPIUA DWELLING FIRE POLICY # COVERAGE ONLY 8. DWELLING INFORMATION **DWELLING IS PARTIALLY** UNDER Letter of Intent OWNER OCCUPIED SEASONAL REHABILITATION (DP 00 01 only) Required Letter of VACANT/UNOCCUPIED UNDER CONSTRUCTION (DP 00 01 only) r of Intent NON OWNER OCCUPIED VACANT/UNOCCUPIED IF PARTIALLY VACANT/UNOCCUPIED Required % OF VACANCY: CONSTRUCTION OF DWELLING BRICK, STONE OR MASONRY VENEER (2) FRAME WITH ALUMINUM OR PLASTIC SIDING (5) BRICK, STONE OR MASONRY (3) FRAME (1) FIRE RESISTIVE (4) **DWELLING CONTAINS** IF TOWNHOUSE / ROWHOUSE MOBILE HOME (DP 00 01 only) CONDOMINIUM UNIT 3 APTS 1 APT # OF FAMILY UNITS PER FIRE DIVISION: TENANT'S PERSONAL PROPERTY ONLY 2 APTS 4 APTS # OF UNITS OWNED BY APPLICANT: # OF APARTMENTS: 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 DISTANCE TO HYDRANT DISTANCE TO FIRE STATION PROTECTION CLASS FT

APF	PLICANT(S) NAME				APPLICATION#			
9.	ENDORSEMENTS							
ND	ICATE ENDORSEMENT(S), LIMIT(S) AND APPLICABLE ADDITIONAL INFORMATION							
10	GENERAL INFORMATION							
	PLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO.	Е	XPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	
A.	HAS ANY OR WILL ANY FARMING OR OTHER BUSINESS BE CONDUCTED ON PREMISES? FOR THE PURPOSE OF THIS QUESTION, BUSINESS INCLUDES ANY TEMPORARY OR PART-TIME RENTAL OF ANY PART OF THE PREMISES.			К	DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; OR (C) DECLARED UNSAFE?			
—— В.	ARE THERE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER PER FAMILY.) NUMBER PER FAMILY:			- L.	HAS A STATE OR MUNICIPAL OFFICIAL NOTIFIED YOU IN WRITING OF ANY BUILDING, SANITARY, FIRE OR OTHER CODE VIOLATION (S) AT THE			
Ь.	IF OWNER OCCUPIED, IS THE UNIT IN WHICH YOU RESIDE ON THE RESIDENCE				PROPERTY WHICH ARE CURRENTLY OUTSTANDING?			
C.	PREMISES RENTED OR INTENDED FOR RENTAL AT ANY TIME DURING THE YEAR? IF YES, STATE NUMBER OF WEEKS YOUR UNIT ON THE RESIDENCE PREMISES IS OR WILL BE RENTED. NUMBER PER WEEKS:			M	1. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY FOR COVERAGE APPLIED?			
D.	IF OWNER OCCUPIED, DOES THE APPLICANT RESIDE IN OR OCCUPY ANY OTHER PREMISES OTHER THAN THE LOCATION INSURANCE IS BEING REQUESTED FOR?			N	I. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?			
E.	HAS PRESENT INSURER FURNISHED NOTICE OF NON RENEWAL OR INTENT TO CANCEL?			0). HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?			
F.	ANY DOGS OR OTHER ANIMAL(S) ON PREMISES?			Р	. HAS THE APPLICANT FILED A VOLUNTARY PETITION, OR BEEN NAMED AS THE DEBTOR IN AN INVOLUNTARY PETITION, UNDER THE UNITED STATES			
G.	CUSTODY, OR CONTROL?				BANKRUPTCY CODE OR IS THE APPLICANT ACTING AS BANKRUPTCY TRUSTEE OR PERSON PERFORMING A SIMILAR FUNCTION?			
Н.	HAS THE APPLICANT SUSTAINED ANY PROPERTY DAMAGE LOSSES OR HAD ANY LIABILITY CLAIM ASSERTED AGAINST THEM WITHIN THE PAST FIVE YEARS, WHETHER OR NOT REPORTED TO OR PAID BY THE INSURER?			Q	YEARS? IN CONNECTION WITH ANY MORTGAGE, HAS THE APPLICANT			
l.	IS THE APPLICANT AWARE OF ANY UNREPAIRED PHYSICAL CONDITION OR DAMAGE AT THE LOCATION TO BE INSURED?				RECEIVED ANY NOTICE OF DEFAULT, RIGHT TO CURE OR INTENT TO FORECLOSE? PLEASE EXPLAIN IN DETAIL ANY YES ANSWER.			
J.	DOES ANY PHYSICAL CONDITION EXIST THAT HAS BEEN IDENTIFIED AS SUBSTANDARD OR AS A HAZARD OR VIOLATION BY ANY PUBLIC OFFICIAL, LICENSED INSPECTOR OR INSURER?			R	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?			
PF	MARKS (USE ADDITIONAL SHEET IF NEEDED)		1	l				
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. I (WE) ACKNOWLEDGE AND AGREE THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES HEREON MAY VOID ANY POLICY ISSUED, INCLUDING BUT NOT LIMITED TO ANY SUBSEQUENT RENEWAL OR REPLACEMENT POLICIES. IF LIABILITY COVERAGE IS REQUESTED, I (WE) CERTIFY THAT I (WE) HAVE ATTEMPTED TO OBTAIN NON-OWNER OCCUPIED DWELLING LIABILITY COVERAGE IN THE VOLUNTARY MARKET AND HAVE BEEN DENIED BY AT LEAST TWO INSURERS WHO PROVIDE SUCH COVERAGE IN THE VOLUNTARY MARKET. 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 BEEN PROVIDED WITH THE PERSONAL LIABILITY INSURANCE LEAD POISONING EXCLUSION AND								
N(DISCLOSURE STATEMENT AND I (WE) HAVE READ THE INSPEC MA AND UNDERSTAND THAT THESE NOTICES FORM A PART OF			
O.	ONED UNDER THE FAING AND FENALTIES OF FERSORT							
_	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, AND THAT I AM UNABLE TO OBTAIN INSURANCE ELSEWHERE ON BEHALF OF THE APPLICANT.							
_	SIGNATURE OF LICENSED BROKER OR AGENT DATE		_					