

# WINDSOR-MOUNT JOY MUTUAL INSURANCE COMPANY

## APPLICATION FOR DWELLING FIRE

POLICY PERIOD \_\_\_\_\_ TO \_\_\_\_\_

**NAMED INSURED AND MAILING ADDRESS**

**INSURED PHONE NUMBERS**      **AGENCY**

HOME  
CELL  
WORK

BIRTH DATE OF EACH APPLICANT \_\_\_\_\_

OCCUPATION OF INSURED(S) \_\_\_\_\_

DESCRIBED LOCATION (IF OTHER THAN MAILING ADDRESS) \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

**COVERAGES**

- A. RESIDENCE
- B. RELATED PRIVATE STRUCTURES
- C. PERSONAL PROPERTY
- D. ADD'L LIVING EXPENSE
- L. PREMISES LIABILITY
- M. MED PAY TO OTHERS

**DEDUCTIBLES**

- WIND/HAIL (IF APPLICABLE)
- WINTER LOSS (IF APPLICABLE)
- ALL OTHER PERILS
- ALL PERILS

**ADDITIONAL FORMS AND ENDORSEMENTS**

**1<sup>ST</sup> MORTGAGEE**

**2<sup>ND</sup> MORTGAGEE**

Check if premium is escrowed

PERILS FORM     FL-1     FL-2     FL-3

OCCUPANCY     Tenant Full-time     Owner Full-time     Unoccupied/Vacant  
 Tenant Seasonal     Tenant/Owner Seasonal     Owner Seasonal

NUMBER OF FAMILIES     1     2     3 or 4     Over 4

CONSTRUCTION     Frame     Masonry     Townhouse     Condo     Manufactured Home

YEAR BUILT \_\_\_\_\_ SQ FT \_\_\_\_\_

DISTANCE TO FIRE DEPARTMENT \_\_\_\_\_ DISTANCE TO FIRE HYDRANT \_\_\_\_\_

DESCRIBE ANY PROTECTIVE DEVICES \_\_\_\_\_

- If a townhouse/row house, how many units within fire walls? \_\_\_\_\_
- If a condo unit, how many units in the building? \_\_\_\_\_  
Are there any commercial occupants?     Yes     No    What other occupancies are in the building? \_\_\_\_\_  
Is there a master policy?     Yes     No    If yes, what is the name of the Condo Assn? \_\_\_\_\_
- If a mobile home or modular home:  
Make - \_\_\_\_\_ Model - \_\_\_\_\_ Serial # - \_\_\_\_\_ Dimensions - \_\_\_\_\_  
Is it tied down?     Yes     No    Is it over 24" high off the ground on any side?     Yes     No  
When was the unit last moved? \_\_\_\_\_ When did insured move into the unit? \_\_\_\_\_  
Is home scheduled for movement or relocation?     Yes     No  
Is the unit on a continuous enclosed masonry foundation?     Yes     No  
Have there been any additions, awnings or patio covers added to the original unit?     Yes     No

**NOTE: ALL OF THE QUESTIONS LISTED BELOW MUST BE ANSWERED OR THE RISK WILL NOT BE CONSIDERED BOUND**

- |  |                          |                          |   |                          |                          |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
|  | Yes                      | No                       |   | Yes                      | No                       |
| 1. Is the dwelling in a flood prone area?  | <input type="checkbox"/> | <input type="checkbox"/> | 11. Is the dwelling for sale?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any other buildings on the property?<br>(If yes, describe buildings)  | <input type="checkbox"/> | <input type="checkbox"/> | 12. Is the dwelling undergoing renovations or reconstruction? (describe scope of work)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is property over 2 acres? (describe use of land)  | <input type="checkbox"/> | <input type="checkbox"/> | 13. Has applicant ever been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. a. Is the home a manufactured home?<br>b. Singlewide <input type="checkbox"/> Doublewide <input type="checkbox"/><br>Travel Trailer <input type="checkbox"/> Modular <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Any foreclosures, bankruptcies or repossessions in the past 5 years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there any farming or other business activities conducted on the premises?   | <input type="checkbox"/> | <input type="checkbox"/> | 15. a. Is there a swimming pool or hot tub?<br>b. Above Ground <input type="checkbox"/> Below ground <input type="checkbox"/><br>c. Is the pool fenced?<br>d. Is there a diving board or sliding board? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any animals or exotic pets owned or cared for on the premises? (describe breed and any bite history)  | <input type="checkbox"/> | <input type="checkbox"/> | 16. Is there a trampoline?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any recreational vehicles located or ever ridden on the premises?   | <input type="checkbox"/> | <input type="checkbox"/> | 17. Is tenant required to obtain a tenant homeowners policy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Any uncorrected fire or building code violations?   | <input type="checkbox"/> | <input type="checkbox"/> | 18. Is there a dock or bulkhead on the premises?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. a. Is there a woodstove, coal stove or pellet stove?<br>b. Freestanding unit <input type="checkbox"/> Fireplace insert <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | 19. Is any portion of the roof flat or over 15 years old?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any other policies with our Company?<br>(list policy numbers)  | <input type="checkbox"/> | <input type="checkbox"/> | 20. Has any Company ever declined, non-renewed or cancelled this risk?  | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any YES answers here: \_\_\_\_\_

20. List all losses at this or other locations within the past 5 years:

Date	Cause	Amount Paid or Outstanding
------	-------	----------------------------

IF NO PRIOR LOSSES – INITIAL HERE

21. Adjacent Hazards:  Heavy Brush  Landslide  Waterfront  Commercial Property
22. Heating System:  Central Oil  Central Gas  Central Electric  Heat Pump  Central Other  No Central Heat
23. Describe any other forms of supplemental heat? \_\_\_\_\_
24. Previous carrier? \_\_\_\_\_
25. Give year of updating: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roof \_\_\_\_\_
26. Estimated Replacement cost : \_\_\_\_\_

**Seasonal or Secondary Properties**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Is the home ever rented?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the home within 5 road miles of a fire department?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the home within 500 feet and sight of two fulltime residences?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the home entered by the insured or his representative at least once every 30 days?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is the home winterized to prevent freezing? (Winterized means to shut off the water supply where it enters the residence and completely empty liquids from any plumbing, HVAC system, water heater, or domestic appliance) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are both, the heat maintained at a minimum of 60° F AND the main water supply shut off where it enters the residence while residence is unoccupied for more than 72 hours?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If one of the preventative measures listed in 5 or 6 are not taken, a water damage claim may be denied when the residence is unoccupied for more than 72 hours.

**Remarks (Attach additional Sheets If More Space Is Required)**

If insurance is provided by the company. It will rely, in part, on the completeness and accuracy of the information provided in this application or elsewhere in the application process. The application (s)/insured (s) is (are) responsible for its completeness and accuracy regardless of who actually completes the documents or provides the information.

Notice of Insurance Information Practices: Personal information about you, including from a credit report, may be collected from persons other than you in connection with this application and subsequent renewals. Such information as well as other personal and privileged information collected by us or our agent may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 civil penalties.

NOTE: All questions on the application must be answered or the risk will not be considered bound.

Applicant's Statement: I have read the above application and any attachments. I declare that the information in them is true, complete and correct to the best of my knowledge and belief.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Producer's Signature \_\_\_\_\_