WINDSOR-MOUNT JOY MUTUAL INSURANCE COMPANY

APPLICATION FOR VACANT DWELLING FIRE

POLICY PERIOD _____ TO _____

NAMED INSURED AND MAILING ADDRESS | **INSURED PHONE NUMBERS** | **AGENCY**

HOME
CELL
WORK

EMAIL _____
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**	☐ **$0**	☐ **$100,000**	☐ **$300,000**
M.	**MED PAY TO OTHERS**	☐ **$0**	☐ **$1,000**	☐ **$5,000**

DEDUCTIBLE ☐ **$2,500** ☐ **$3,500** ☐ **$5,000** **WIND/HAIL (IF APPLICABLE)**
PERILS FORMS ☐ **FL-1**
OPTIONAL COVERAGES ☐ **VANDALISM AND BURGLARY DAMAGE** **OTHER**

1ST MORTGAGEE **2ND MORTGAGEE**

☐ Check if premium is escrowed

CONSTRUCTION ☐ Frame ☐ Masonry ☐ Log
CONSTRUCTION TYPE ☐ Condo ☐ Mobilehome ☐ Modular ☐ Doublewide ☐ Rowhouse/Townhouse ☐ Detached Stickbuilt ☐ Semi-Detached
NUMBER OF FAMILIES ☐ 1 ☐ 2 ☐ 3 or 4 ☐ Over 4 Number of Units Between Fire Division _____
YEAR BUILT
Is the property less than 1,000 feet to a fire hydrant and closer than 5 miles to a fire station? ☐ Yes ☐ No
IF MANUFACTURED HOME: MAKE MODEL DIMENSIONS
REASON FOR VACANCY ☐ Between Tenants ☐ Listed to be Sold ☐ Undergoing Renovations ☐ Part of Estate ☐ Other (please specify)

Adjacent Hazards: ☐ Heavy Brush ☐ Landslide ☐ Waterfront ☐ Commercial Property
Heating System: ☐ Central Oil ☐ Central Gas ☐ Central Electric ☐ Heat Pump ☐ Central Other ☐ No Central Heat
Previous carrier? _____
Give year of updating: Wiring _____ Heating _____ Roof _____ Plumbing _____

NOTE: ALL OF THE QUESTIONS LISTED BELOW MUST BE ANSWERED

		Yes	No			Yes	No
1.	Are there any supplemental heating or space heaters, including but not limited to woodstoves or torpedo heaters being used while vacant?	☐	☐	6.	Has there been any lapse in coverage?	☐	☐
2.	Is there any aluminum wiring or knob and tube wiring on the premises?	☐	☐	7.	Has the insured or any member of the insured experienced any losses at the described location or any other location within the past three years?	☐	☐
3.	Is the dwelling ever left unlocked or left unsecured from any unauthorized entry?	☐	☐	8.	Has the insured or any member of the insured been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any arson-related crime?	☐	☐
4.	Are there any buildings within the same block of the insured property that are either vacant or boarded up?	☐	☐	9.	Are mortgage payments, utilities and/or taxes past due on any property owned by the insured?	☐	☐
5.	Are there any hot tubs, swimming pools, bulkheads, piers or docks on the property?	☐	☐				

Explain any YES answers here: _____

10. List all losses at this or other locations within the past 3 years:

Date	**Cause**	**Amount Paid or Outstanding**

PLEASE COMPLETE THE APPROPRIATE SECTION LISTED BELOW

COMPLETE IF THE HOME WILL BE UNDERGOING RENOVATIONS

1. When was the property purchased? _____
2. What was the purchase price of the dwelling? _____
3. What will the market value of the property be when renovations are finished? _____
4. What renovations will be performed? _____
5. Are all contractors performing renovations licensed and Insured? _____
6. How many houses have you previously renovated? _____
7. What is the expected date of completion for all renovations? _____
8. How often is the property visited by the insured or a representative of the insured? _____

COMPLETE IF THE HOME IS NOT UNDERGOING RENOVATIONS

1 When did the property become vacant? _____
2 What is the current market value of the property? _____
3 Are utilities being maintained? _____
4. Will the property be vacant for more than 12 months? _____
5 How often is the property checked on by the named insured or personal _____

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 and is material to the acceptance of the insurance requested.

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** _____ _____