

Bedford Underwriters Homeowners / Dwelling Program Application

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|--|--|-----------------|--|-------------------|--|---------------------------------|--|
| Applicant | | Occupation | | Employer | | Date of Birth | |
| | | | | | | | |
| Mailing Address | | City/State/Zip | | | | County | |
| Insured Location (if different than mailing address) | | City/ State/Zip | | | | County | |
| Inspection Contact | | | | Phone Number | | | |
| Producer Name | | | | Phone Number | | | |
| Prior Carrier | | Expiration Date | | Expiring Premium | | Effective Date (of this policy) | |
| If prior carrier, or a previous carrier, has cancelled or non-renewed, please explain why? (MISSOURI APPLICANTS NEED NOT REPLY) | | | | | | | |
| If the insured has not carried insurance within the last 12 months please explain why? | | | | | | | |
| Within the last 5 years has the applicant had a <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession | | | | | | | |
| Mortgagee (Name/Mailing Address Including Zip Code) | | | | Loan # | | | |
| Mortgagee (Name/Mailing Address Including Zip Code) | | | | Loan # | | | |
| Additional Insured (Name/Address/City/State/Zip) | | | | Describe Interest | | | |

COVERAGES/LIMITS OF LIABILITY

| Policy Form | Dwelling/ (A&A HO-6) | Other Structures | Personal Property | Loss of Use | Personal Liability | Medical Payments |
|--|-----------------------------|--|-------------------------|--|--------------------|---------------------------------|
| <input type="checkbox"/> HO-3 <input type="checkbox"/> HO-4 <input type="checkbox"/> HO-6 <input type="checkbox"/> DP-3 | Loss Assessment \$ _____ | Ordinance or Law (10% provided) <input type="checkbox"/> 5% <input type="checkbox"/> 15% <input type="checkbox"/> 25% | AOP Deductible _____ | Wind/Hail Deductible _____ % <input type="checkbox"/> Exclude | _____ | AOP <input type="checkbox"/> |
| | | | | | | |

RATING INFORMATION

| | | | | | |
|--|---|---|--|--|--------------|
| Territory # | Protection Class # (if PC 9/10, please use supplemental app) | Distance to Fire Hydrant: _____ feet | | Fire Department | |
| | | Distance to Fire Station: _____ miles | | <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer | |
| Occupancy | | | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builders Risk (requires supplemental app) <input type="checkbox"/> Vacant | | | | | |
| Construction | | | | | |
| <input type="checkbox"/> Frame/Stucco <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> EIFS <input type="checkbox"/> Log (requires supplemental app) | | | | | |
| Construction Style | | | Year Built | Square Footage | # of Stories |
| <input type="checkbox"/> Ranch <input type="checkbox"/> Cape <input type="checkbox"/> Colonial Other: _____ | | | | | |
| Roof Type | | | Foundation Type | | |
| <input type="checkbox"/> Comp <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate Other: _____ | | | <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Concrete Block <input type="checkbox"/> Pilings/Stilts | | |
| Protective Alarms/Devices | | | | | |
| <input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Local Fire <input type="checkbox"/> Local Burglar <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Interior Sprinklers | | | | | |
| Market Value | | Dwelling for Sale? | On Nat'l Historical Register? | Vacant? (If yes, DP-3 Policy Form applies). | |
| \$ _____ | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N Tours? <input type="checkbox"/> | <input type="checkbox"/> Y <input type="checkbox"/> N Since what date? | |

| | | | | | |
|---|---|-----------------------------------|---|---|---|
| If HO4/6, How many floors in the building? _____ | | On which floor is the unit? _____ | | How many units in the building? _____ | |
| Update Information (required if home >25 years old) | | | | Was home completely gutted and remodeled? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what Year? _____ | |
| Roof | <input type="checkbox"/> Part. <input type="checkbox"/> Comp. _____ Year | Wiring | <input type="checkbox"/> Part. <input type="checkbox"/> Comp. _____ Year | Heating | <input type="checkbox"/> Part. <input type="checkbox"/> Comp. _____ Year |
| | | | | Plumbing | <input type="checkbox"/> Part. <input type="checkbox"/> Comp. _____ Year |

LOSS HISTORY

Note: Loss History includes all losses within the last 3 years regardless of location and any loss greater than \$1,000,000 regardless of location or date.

| Date | Type of Loss | Cause | Amount | Preventative Measures |
|------|--------------|-------|--------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

| | |
|---|---|
| Eligible for the Wind pool? <input type="checkbox"/> Y <input type="checkbox"/> N | Distance to Ocean/Bay/Gulf: _____ Miles _____ Feet |
| Windstorm Mitigation <input type="checkbox"/> Hip Roof <input type="checkbox"/> Roof Straps <input type="checkbox"/> Protective Glass <input type="checkbox"/> Metal Electronic Shutters <input type="checkbox"/> Metal Manual Shutters <input type="checkbox"/> Plywood Shutters | |
| 1) Have you been told or are you otherwise aware of the use of Chinese Drywall in the dwelling or any other structure on the premises? <input type="checkbox"/> Y <input type="checkbox"/> N 2) Is there any odor of sulfur in the dwelling, any corrosion of any personal property, wiring, or any heating, ventilation or air conditioning system? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or within the last 5 years? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Is there a trampoline on premises? <input type="checkbox"/> Y <input type="checkbox"/> N | Daycare conducted on premises? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Is there a fuel tank on premises? <input type="checkbox"/> Y <input type="checkbox"/> N | Is business conducted on premises? <input type="checkbox"/> Y <input type="checkbox"/> N |
| If yes, <input type="checkbox"/> Underground <input type="checkbox"/> Basement <input type="checkbox"/> Above Ground | If yes, explain: _____ |
| Do you own any animals? <input type="checkbox"/> Y <input type="checkbox"/> N | Is the dwelling rented? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Type: _____ Breed: _____ Bite History: _____ | If yes, how many weeks? _____ Rented to students? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Is there a swimming pool? <input type="checkbox"/> Y <input type="checkbox"/> N | Is the dwelling undergoing any renovation or reconstruction? (if yes, requires supplemental questionnaire) <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Fenced <input type="checkbox"/> Unfenced <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide | Is there a woodstove on premises? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Gated Community? <input type="checkbox"/> Y <input type="checkbox"/> N | If yes, is it a primary heat source? (supplemental questionnaire required for all wood burning stoves) <input type="checkbox"/> Y <input type="checkbox"/> N |
| Patrolled? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Caretaker? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Resident Caretaker? <input type="checkbox"/> Y <input type="checkbox"/> N | |

OPTIONAL COVERAGES/ENDORSEMENTS

| | | | |
|--|--|---|--|
| Personal Property Replacement Cost | Yes <input type="checkbox"/> No <input type="checkbox"/> | Directors & Officers Coverage | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Special Personal Property Coverage | Yes <input type="checkbox"/> No <input type="checkbox"/> | Extending Liability | |
| Special Computer Coverage | Yes <input type="checkbox"/> No <input type="checkbox"/> | # of properties _____ occupancy _____ | |
| Extended Replacement Cost Dwelling | | if rental, how long (weekly, annual, etc.): _____ | |
| <input type="checkbox"/> 125% <input type="checkbox"/> 150% | Yes <input type="checkbox"/> No <input type="checkbox"/> | address _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Upgrade to Green Residential Endorsement | Yes <input type="checkbox"/> No <input type="checkbox"/> | Watercraft Liability | |
| LexElite Eco-Homeowner | Yes <input type="checkbox"/> No <input type="checkbox"/> | Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard | |
| Personal Injury | Yes <input type="checkbox"/> No <input type="checkbox"/> | Length _____ feet | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Increased Special Limits (Jewelry/Watches/Furs) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Increased Limits on Business Property | |
| Increased Special Limits (all) | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Water Back Up and Sump Pump Overflow | | Golf Cart Coverage | |
| <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 | Yes <input type="checkbox"/> No <input type="checkbox"/> | # of carts _____ value _____ year _____ | |
| Family Security Endorsement | Yes <input type="checkbox"/> No <input type="checkbox"/> | make _____ model _____ serial # _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Identity Fraud | Yes <input type="checkbox"/> No <input type="checkbox"/> | Include Liability for Golf Carts | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | HO6 All Risk Coverage A | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|---|--|--------------------|
| Earthquake Coverage <input type="checkbox"/> Y <input type="checkbox"/> N | EQ Zone _____ | EQ Territory _____ |
| If yes, <input type="checkbox"/> Standard <input type="checkbox"/> Deluxe | | |
| CALIFORNIA, OREGON AND WASHINGTON w/ earthquake | | CALIFORNIA BRUSH |
| Soil Type: <input type="checkbox"/> Hard Rock <input type="checkbox"/> Soft Rock <input type="checkbox"/> Stiff Clay <input type="checkbox"/> Soft Soil | Other _____ | |
| Is Dwelling on tall walls or posts? <input type="checkbox"/> Y <input type="checkbox"/> N | Is the property located in a brush zone? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| If built > 1920 & < 1950, full seismic retrofitting? <input type="checkbox"/> Y <input type="checkbox"/> N | Brush Density: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Extreme | |
| Is the Dwelling Located on a Hillside? <input type="checkbox"/> Y <input type="checkbox"/> N | Is there 150 feet of brush clearance around all structures? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Slope: _____ Degrees | Distance to Brush: _____ Feet | |
| Is there unrepaired earthquake damage? <input type="checkbox"/> Y <input type="checkbox"/> N | Automatic Exterior Sprinkler within the brush area? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Is there extensive un-reinforced masonry cladding? <input type="checkbox"/> Y <input type="checkbox"/> N | If Wood Shake roof, 1000 Feet of brush clearance? <input type="checkbox"/> Y <input type="checkbox"/> N Fire Retardant Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N | |

ADDITIONAL COMMENTS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

PRODUCER'S SIGNATURE: _____ **DATE:** _____

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

APPLICANT'S SIGNATURE: _____ **DATE:** _____