

# ACORD™ DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)

<b>PRODUCER</b> PHONE 513-871-3330 (A/C, No, Ext): FAX 513-871-8769 (A/C, No):  Globe Insurance Agency, Inc. 2619 Erie Avenue Cincinnati, OH 45208  CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID _____	<b>APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP+4)</b>  <table style="width:100%; border: none;"> <tr> <td style="border: none; width:70%;"></td> <td style="border: none; width:15%;"><b>NAIC CODE</b></td> <td style="border: none; width:15%;"><b>FACILITY CODE</b></td> </tr> <tr> <td colspan="3" style="border: none;"><b>POLICY #</b></td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="border: none; width:30%;"><b>DATE AT CURR RES</b></td> <td style="border: none; width:30%;"><b>CO/PLAN</b></td> <td style="border: none; width:20%;"><b>HOME PHONE #</b></td> <td style="border: none; width:10%;"></td> <td style="border: none; width:10%;"><b>DAY</b></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">EVE</td> </tr> <tr> <td style="border: none;"><b>EFFECTIVE DATE</b></td> <td style="border: none;"><b>EXPIRATION DATE</b></td> <td colspan="3" style="border: none;"><b>BUSINESS PHONE #</b></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td colspan="3" style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td colspan="3" style="border: none;"><b>DAY</b></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td colspan="3" style="border: none;">EVE</td> </tr> </table>		<b>NAIC CODE</b>	<b>FACILITY CODE</b>	<b>POLICY #</b>			<b>DATE AT CURR RES</b>	<b>CO/PLAN</b>	<b>HOME PHONE #</b>		<b>DAY</b>					EVE	<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>	<b>BUSINESS PHONE #</b>										<b>DAY</b>					EVE		
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<b>APPLICANT INFORMATION</b>							
<b>PREVIOUS ADDRESS (If less than 3 years)</b>	<b>YRS AT PREV ADDR</b>						
<b>LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county &amp; ZIP)</b>							
<b>APPLICANT'S OCCUPATION (State nature of business if self-employed)</b>	<b>APPLICANT'S EMPLOYER NAME AND ADDRESS</b>	<b>YRS IN CURR OCC</b>	<b>YRS W/ CURR EMPL</b>	<b>YRS W/ PRIOR EMPL</b>	<b>MAR STAT</b>	<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>
<b>CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)</b>	<b>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</b>	<b>YRS IN CURR OCC</b>	<b>YRS W/ CURR EMPL</b>	<b>YRS W/ PRIOR EMPL</b>	<b>MAR STAT</b>	<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>
<b>HOW LONG HAVE YOU KNOWN THE APPLICANT?</b>				<b>DATE AGENT LAST INSPECTED PROPERTY:</b>			

<b>COVERAGES/LIMITS OF LIABILITY</b>							<b>DED (Type &amp; Amount)</b>		
<b>FORM</b>	<b>DWELLING</b>	<b>OTHER STRUCTURES</b>	<b>PERSONAL PROPERTY</b>	<b>RENTAL VALUE</b>	<b>PERSONAL LIABILITY EACH OCCURRENCE</b>	<b>MEDICAL PAYMENTS EACH PERSON</b>			
	\$	\$	\$	\$	\$	\$			
				<b>ADDITIONAL EXPENSE</b>					
				\$					
<b>FIRE</b>		<b>FIRE &amp; EC</b>		<b>FIRE, EC &amp; VMM</b>		<b>BROAD</b>		<b>SPECIAL</b>	<b>* Not Applicable in NC</b>

<b>ENDORSEMENTS</b>		<b>PREMIUM</b>	
		<b>EST TOTAL PREMIUM</b>	
		\$	
		<b>DEPOSIT</b>	
		\$	
		<b>BALANCE</b>	
		\$	

**PAYMENT PLAN**  **ACORD 610 Attached (NOT APPLICABLE IN NC)**

<b>ACCOUNT #:</b>			<b>MAIL POLICY TO:</b>		
<b>BILLING</b>	<b>IF DIRECT BILL:</b>	<b>IF APPLICANT BILL:</b>			
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:	<input type="checkbox"/> FULL PAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>RATING/UNDERWRITING</b>														
	FRAME		PLASTIC SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE		
	MASONRY		ASBESTOS SIDING			\$	DWELLING	PRIMARY	COC					
	MASONRY VENEER		FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	UNOCC					
	ALUMINUM SIDING					\$	CONDO	SEASONAL	VACANT					
	<b>NUMBER OF FIRE DIVS</b>	<b>TERR CODE</b>	<b>FIRE PREM GROUP</b>	<b>PROTECT CLASS</b>	<b>DISTANCE TO HYDRANT</b>	<b>FIRE STATION</b>	<b>PROTECTION DEVICE TYPE</b>	<b>HEAT TYPE</b>	<b>NONE</b>	<b>WIRING</b>				
					FT	MI	SYSTEM	SMOKE	TEMP	PRIMARY:	PLUMBING			
							CENTRAL			SECONDARY:	HEATING			
	<b>FIRE/EC RATE</b>			<b>FIRE DISTRICT/CODE NUMBER</b>			DIRECT			<b>OIL STORAGE TANK LOCATION</b>	ROOFING			
							LOCAL				EXTERIOR PAINT			
	<b>DWELLING LOCATION</b>			<b>OCCUPIED BY</b>		<b>DEADBOLT</b>	<b>VISIBLE TO NEIGHBORS</b>	<b>SWIMMING POOL</b>	<b>YES</b>	<b>NO</b>	<b>STORM SHUTTERS</b>			
	<input type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> WITHIN PROT SUBURB	<input type="checkbox"/> WITHIN FIRE DIST	OWNER	TENANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<b>FIRE EXTINGUISHER</b>	<b>HOUSEKEEPING CONDITION</b>	<b>APPROVED FENCE</b>	<b>ABOVE GROUND</b>	<b>IN-GROUND</b>	<b>YES</b>	<b>A</b>	<b>HURR RES GLASS</b>	<b>YES</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>SEMI-RESISTIVE</b>	<b>ROOF TYPE</b>	<b>FOUNDATION</b>	<b>CLOSED</b>	<b>NO</b>	<b>B</b>	<b>NO</b>
	<b>BLDG CODE GRADE</b>	<b>INSPECTED?</b>	<b>TAX CODE</b>	<b>RATING</b>	<b>OCCUPIED DAILY?</b>	<b># WKS RENTED</b>	<b>WIND CLASS</b>	<b>RESISTIVE</b>	<b>OTHER</b>	<b>OTHER</b>	<b>OTHER</b>	<b>OTHER</b>	<b>OTHER</b>	<b>OTHER</b>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		CLASS	YES	NO								
	<b>IF REPLACEMENT COST APPLIES:</b>			<b>RATING CREDITS</b>		<b>MANNED SECURITY OFF PREMISES</b>	<b>EC PREM GROUP</b>	<b>SPRINKLER</b>	<b>FIREPLACES</b>					
	<b>BASEMENT</b>	<b>GARAGE</b>	<b>BREEZEWAY</b>	<b>NON-SMOKER</b>	<b>LIGHTNING PROTECTION</b>	<b>THEFT EXCL</b>	<b>PERS LIAB TERR CODE</b>	<b>PARTIAL</b>	<b>CHIMNEYS</b>	<b>HEARTHES</b>	<b>PRE-FAB</b>			
	SQ FT	SQ FT	SQ FT					<b>FULL</b>						

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO	
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)			14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)						
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?						
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?						
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					16. IS THERE A SECURITY ATTENDANT?	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO					17. IS THE BUILDING ENTRANCE LOCKED?	
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				20. IS HOUSE FOR SALE?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				22. IS THERE A TRAMPOLINE ON THE PREMISES?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
			24. ANY LEAD PAINT HAZARD?			
			25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)			

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?		YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS						

PRIOR COVERAGE			
PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INTEREST			
INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	<input type="checkbox"/> MORTG'G <input type="checkbox"/> ADDL INT		
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REMARKS	ATTACHMENTS												
	<table border="1"> <tr> <td>STATE SUPPLEMENT(S)(If applicable)</td> <td>PROTECTION DEVICE CERTIFICATE</td> </tr> <tr> <td>INLAND MARINE APPLICATION</td> <td>PERS EXCESS/UMBRELLA APP</td> </tr> <tr> <td>REPLACEMENT COST ESTIMATE</td> <td>RECREATIONAL VEHICLE APP</td> </tr> <tr> <td>PHOTOGRAPH</td> <td>WATERCRAFT APPLICATION</td> </tr> <tr> <td>SOLID FUEL SUPPLEMENT</td> <td>LEAD FREE PAINT CERTIFICATION</td> </tr> <tr> <td>EARTHQUAKE APPLICATION</td> <td>HOME BASED BUSINESS SUPP</td> </tr> </table>	STATE SUPPLEMENT(S)(If applicable)	PROTECTION DEVICE CERTIFICATE	INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP	REPLACEMENT COST ESTIMATE	RECREATIONAL VEHICLE APP	PHOTOGRAPH	WATERCRAFT APPLICATION	SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION	EARTHQUAKE APPLICATION	HOME BASED BUSINESS SUPP
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FOR COMPANY USE ONLY													

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
TIME	12:01 AM NOON	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.	
COVERAGE IS NOT BOUND			

**Notice of Insurance Information Practices**  
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION 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 AGENTS 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)  
 Any person who knowingly and with intent to defraud any insurance company or another 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 [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, and VA, insurance benefits may also be denied)

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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