



United States Liability Insurance Group

1-4 Family Dwelling

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Name of Applicant: _____
2. Mailing Address: _____
3. City/State/Zip: _____
4. Location Address: _____
5. City/State/Zip (Include County): _____
6. Policy Period: From _____ To: _____
7. Previous Carrier: _____
8. Expiration Date: _____ Premium: _____
9. Prior Losses: _____
10. Mortgagee: _____
11. Additional Insureds (Name, Address & Interest): _____

- 12. COVERAGE DESIRED:**
- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Package | <input type="checkbox"/> Monoline Property | <input type="checkbox"/> Monoline Liability |
| <input type="checkbox"/> 1 Family | <input type="checkbox"/> 3 Family | <input type="checkbox"/> 4 Family |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Frame | <input type="checkbox"/> Joisted Masonry |
| | | <input type="checkbox"/> Other _____ |

PROPERTY LIMITS

13. Building Limit Needed @ 80% Coinsurance ACV? _____
14. Personal Property Limit Needed @ 80% Coinsurance ACV? _____
15. Rental Value Limit Needed @ 80% Coinsurance ACV? _____
16. Unattached Garage _____

COMMERCIAL GENERAL LIABILITY

- 17. Limits of Liability:**
- | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 100/200 | <input type="checkbox"/> 300/300 | <input type="checkbox"/> 300/600 | <input type="checkbox"/> 500/500 |
| <input type="checkbox"/> 500/1MM | <input type="checkbox"/> 1MM/1MM | <input type="checkbox"/> 1MM/2MM | |

General

18. Is this a rooming house (common facilities other than laundry)? Yes No
19. Any student renters? Yes No
20. Any aluminum wiring? Yes No
21. Is all wiring connected to circuit breakers? No Yes
22. Are stairs, balconies, sidewalks, driveways or parking lots in good condition? No Yes
23. Are all common doors equipped with self-closing and locking mechanisms? No Yes
24. Are all units and common areas equipped with smoke detectors & fire extinguishers? No Yes
25. Are wood stoves, space heaters or temporary heating units in use on the premise? Yes No
26. Any applicant with tax liens, past due accounts or prior/pending bankruptcy? Yes No
27. Is the building in a flood plain, tornado prone or brush fire area? Yes No
28. Any timeshare, short term or seasonal rentals? Yes No
29. Any bars on windows or security guard hired? Yes No
30. Any government subsidized units/tenants? Yes No
31. Buildings with 50% or more of the residents over 55 years old. Yes No
32. Any Insurance Company recommendation outstanding? Yes No
33. Mortgage ever declined due to property inspection or any other reason? Yes No
34. Is this an owner occupied one family dwelling? Yes No
35. Any community owned electric, water, bridges, dams or septic treatment facilities? Yes No

Property

- 36. Property values over \$1,000,000 in PC 1-6 or \$200,000 in PC 7-10? Yes No
- 37. Is the building on an historical registrar? Yes No
- 38. Is the property in our coastal prohibited area? Yes No
- 39. Is the occupancy rate below 75%? Yes No
- 40. Any personal property in owner occupied units? Yes No
- 41. Any barns on the premise? Yes No

Liability

- 42. If three or more stories does the building have a fire escape or fire tower? No Yes
- 43. Are periodic checks and repairs made as necessary on all stairs, balconies, sidewalks, driveways or parking lots? No Yes
- 44. Is the security lighting adequate inside and outside? No Yes

General

- 45. Does insured live on premise? Yes No
 - 46. Are tenants screened prior to leasing? Yes No
 - 47. Annual Rental Income _____ Year Built _____ Protection Class _____
 - 48. Monthly rental for: 1 bedroom unit _____ 2 bedroom unit _____ 3 bedroom unit _____
 - 49. Number of Buildings _____ Number of Units _____ Total Sq. Ft. _____ Number of Stories _____
- For multiple building locations include a **diagram with the distance between each building including the total sq. ft. of each.**

FRAUD STATEMENT: 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.

APPLICANT'S SIGNATURE: _____ DATE: _____

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED APPLICATION
THROUGH LOCAL AGENT
OR BROKER TO: