



Northeast Homeowners/Condo Application

Part I. Applicant Information

1. Insured(s) Name: _____
2. Insured(s) Occupation: _____
3. Insured(s) DOB: _____
4. Effective Date: _____

Part II. Prior Insurance & Request for Non-Admitted

1. Do you control the account in agency? Yes No
2. Prior Carrier: _____
3. Expiring Premium: _____
4. Is coverage being cancelled or non-renewed? Cancelled Non-renewed N/A
5. Detailed Reason for E&S submission:

Part III. Prior Claims

Please add any prior claims for the insured or location including the date of loss, type of loss, amount paid, status, and any mitigation steps taken to prevent future losses:



Part VIII. Personal Articles Floater

Blanket Coverage

Blanket Fine Art: _____ Blanket Fine Art: _____

Scheduled Coverage

Jewelry: _____	Fine Art: _____
Wine & Cigars: _____	Furs: _____
Furniture: _____	Silverware: _____
Cameras: _____	Guns: _____
Golf Clubs: _____	Handbags: _____
Rugs: _____	Tools: _____
Computers: _____	Sporting Equipment: _____
Bullion: _____	Musical Instruments: _____
Loose Stones: _____	

Part IX. Primary and/or Excess Flood

Primary Excess Both

Total Building Value: _____

Total Contents Value: _____

Is there a basement? Yes No

Is the underlying Flood with the NFIP: Yes No

Expiring Premium: _____



Part VI. Underwriting Questions

- | | | |
|--|------------------------------|-----------------------------|
| 1. High Profile Insured / Occupation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the Home on the Historic Registry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Are there Public Tours or Foot Traffic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is there a Home-Based Business Practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Are there employees on Premise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is there Public Foot Traffic on Premise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are there Animals with prior Bite History? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there an Incidental Farming Exposure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Are there more than 10 Animals including Horses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you looking to add coverage for a Trust or LLC? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Adding as Named Insured or Additional Insured? | <hr/> | |
| 7. Is there a Pool on Premise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Is the Pool or Property Fenced with a locked gate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is there a Diving Board, Slide, Diving Rocks? | <hr/> | |
| 8. Is there a Trampoline on Premise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Is the Trampoline netted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Is there an Underground Fuel Tank? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is there a Solid Fuel Burning Stove? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Is it Professionally Installed & well maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is the Home for Sale? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Is this a new purchase? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Was the home a foreclosure or vacant home? | <hr/> | |
| 13. Is there Polybutylene plumbing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Does the Home have less than 100 AMP electrical? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Is there any Knob & Tube wiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Is there a current Lapse in Coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Duration of Lapse: | <hr/> | |
| b. Reason for Lapse: | <hr/> | |
| 17. Is this a Modular or Mobile Home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Is this a Townhome or Rowhome? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Are there Firewalls Dividing Units? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are there more than 10 Units within each Firewall? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Part VII. Additional Insureds / Interests / Mortgagee

Please add any Mortgagees, Additional Insureds, or Additional Interests that need to be added to the policy. Note, Additional Insureds and Additional Interests will require:

Additional Insured Additional Interest Mortgagee

Name: _____

Address: _____

City/State/Zip: _____

Loan Number: _____

Additional Insured Additional Interest Mortgagee

Name: _____

Address: _____

City/State/Zip: _____

Loan Number: _____

Additional Insured Additional Interest Mortgagee

Name: _____

Address: _____

City/State/Zip: _____

Loan Number: _____