APPLICATION FOR INSPECTION AND INSURANCE

NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION 744 BROAD STREET, NEWARK, N. J. 07102

Telephone Area Code 973 622-3838 THIS APPLICATION IS NOT A BINDER OF INSURANCE

IMPORTANT: SUBMIT SEPARATE APPLICATION IN QUADRUPLICATE FOR EACH LOCATION

Please complete every item with answers typewritten or printed legibly in ink. See reverse side of this form for instructions. If Application is submitted by licensed Producer, fill in this space: I HEREBY CERTIFY THAT I AM A LICENSED PRODUCER OF NEW JERSEY. LICENSE REFERENCE NO. . Name of Licensed Producer AGREE THAT IN THE EVENT OF CANCELLATION OF A POLICY, OR IF AN ENDORSEMENT IS ISSUED WHICH REQUIRES PREMIUM TO BE RETURNED TO THE INSURED, I SHALL REFUND RATABLY TO THE ASSOCIATION COMMIS-No. Street SIONS ON THE UNEARNED PORTION OF CANCELLED LIABILITY AND ON REDUCTIONS IN PREMIUMS AT THE SAME RATE AT WHICH SUCH COMMISSION WERE ORIGINALLY PAID. City Zip Code State TELEPHONE NUMBER _ SIGNATURE OF PRODUCER 2. Name of Property Owner(s) ___ Middle Last Address of Premises ___ City or Town County or Borough State Zip Code Street 4. Business of Assured _ Space for office use RESIDENCE BURGLARY AND ROBBERY POLICY The insurance afforded is only with respect to such and so many of the following classes of property as are indicated by a specific limit of insurance applicable thereto, subject to all the terms of this policy having reference thereto. LIMITS OF INSURANCE CLASSES OF PROPERTY \$ A. Jewelry and Furs * Subject to a limit of \$100 on money and \$500 on securities. \$ B. All Other \$ Total Limit 6. The dwelling on the premises is contained within a Apartment House Private Residence Two, Three or Four Family House (If other than above please describe) 7. During the last five years the named insured has not sustained or received indemnity for any loss of the kind covered hereby, unless otherwise stated herein: 8. No other insurance issued to the named insured is in force which covers loss covered hereby, unless otherwise stated herein: Remarks:

NOTE: If notice of declination of the coverage has not been received within twenty days after receipt of this application by the Association, you may obtain a temporary binder.

List Losses Sustained During Past Five (5) Years

DATE	AMOUNT	CAUSE	SUBSEQUENT PRECAUTIONS TAKEN
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APPLICANT MUST SIGN AND DATE THIS APPLICATION BELOW. READ CAREFULLY BEFORE SIGNING. CERTIFICATION OF APPLICANT FOR INSURANCE

This request is made with the understanding that an Inspection will be made of this property. I (WE) UNDERSTAND THAT THIS REQUEST IN NO WAY BINDS THE ASSOCIATION OR ANY COMPANY TO AFFORD INSURANCE ON THE DESCRIBED PROPERTY. Inspection(s) made under this program and any report of the inspection(s) are for underwriting purposes. Regardless of whether a policy is issued, neither the New Jersey Insurance Underwriting Association, any inspection service, nor any company represented by any of the foregoing, will be liable for any injury or damage claimed to arise from the inspection(s), the inspection report(s) of the physical condition of the premises, omissions from such inspection(s) or report(s), or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in said inspection report(s). Nothing contained in or omitted from said inspection report(s) shall be construed to imply that the conditions, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection or action report(s) to the State of New Jersey Department of Insurance, the New Jersey Insurance Underwriting Association, any company represented by any of the foregoing, and my (our) agent(s) or representative(s).

By signing this application I (we) certify that I (we) have an insurable interest in the property, and that all information contained herein is true and correct to the best of my (our) knowledge and belief.

Signature of Applicant	Date _	
If applicant is Partnership, Company or Corporation, certificat title below.	tion shall be signed by	an official of the firm, printing name and
The name of the person the inspector can contact, is	Name	Telephone Number
If applicant is an individual the following paragraph applies:	rvaine	relegitorie realizati

If applicant is an individual the following paragraph applies:

IMPORTANT: In compliance with Public Law 91-508 (Fair Credit Reporting Act) this is to advise you, that as a result of your application to this Association for insurance, a routine inquiry may be made concerning your character, general reputation, personal characteristics and mode of living. Additional information as to the nature and scope of such investigation will be furnished upon receipt of your written request to this office.

ELIGIBILITY REQUIREMENTS

Residence Burglary and Robbery Insurance shall be written for an individual or for a single family or household residing in a one- to four-family dwelling or living quarters in an apartment building.

Standards of acceptance shall include, but not be limited to the following subsections:

- 1. The premises must be of generally sound construction, well maintained.
- The applicant, if an individual, or any partner or controlling officer, if a partnership or corporation, shall meet reasonable standards of moral character and shall not have been convicted of a fraudulent or dishonest act unless such conviction is clearly not pertinent to the risk by reason of passage of time or the nature of the offense.
- 3. For residential property the applicant shall provide the following physical protection for the premises to be insured:
 - (a) All exterior doors and doors leading into garage areas or public hallways shall be equipped with self-locking dead latch devices.
 - (b) All first floor and basement windows and all windows opening onto stairways, porches, or platforms shall be equipped with locking devices.

All dead locks shall have a minimum throw of one-half inch.