



**NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION
DWELLING FIRE APPLICATION**

DATE (MM/DD/YYYY)

570 BROAD STREET, P.O. BOX 32609, NEWARK, NEW JERSEY 07102-4532 www.njiua.org

PRODUCER TELEPHONE NO. LICENSE NO. I CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF THE STATE OF NEW JERSEY. I HAVE EXPLAINED TO THE APPLICANT THE NATURE OF THE INSURANCE APPLIED FOR AND HAVE INCLUDED IN THIS APPLICATION ALL REQUIRED INFORMATION WHICH I BELIEVE TO BE ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN THE EVENT THE POLICY IS VOID, CANCELLED OR CHANGE MADE RESULTING IN A RETURN OF PREMIUM TO THE INSURED, I AGREE TO RETURN THE UNEARNED COMMISSION PORTION OF THE RETURN PREMIUM. SIGNATURE OF PRODUCER _____ DATE (MM/DD/YYYY) _____	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) HOME PHONE # _____ DAY _____ BUSINESS PHONE # _____ DAY _____ _____ EVE _____ EVE _____ LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Include county and zip + 4) BUILDING NO: _____ PERSON TO CONTACT TO ARRANGE FOR INSPECTION IF NECESSARY TELEPHONE NO. _____	POLICY NO. <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
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APPLICANT INFORMATION

APPLICANT'S OCCUPATION (State nature of business if self-employed)	MARITAL STATUS	DATE OF BIRTH (MM/DD/YYYY)
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COVERAGES/LIMITS OF LIABILITY

DEDUCTIBLE (TYPE AND AMOUNT)

<input type="checkbox"/> DP 1	<input type="checkbox"/> DP 2	A. DWELLING \$ _____	B. PERSONAL PROPERTY \$ _____	C. REPLACEMENT COST \$ _____	ALL PERIL \$ _____	NAMED HURRICANE \$ _____
PERILS INSURED AGAINST						
<input type="checkbox"/> FIRE *		<input type="checkbox"/> FIRE AND EXTENDED COVERAGE AND VANDALISM OR MALICIOUS MISCHIEF		* EXTENDED COVERAGE AND VANDALISM OR MALICIOUS MISCHIEF MAY BE EXCLUDED ONLY BY SPECIFIC WRITTEN REQUEST SIGNED BY THE INSURED. (SEE STATEMENT ON REVERSE SIDE)		
<input type="checkbox"/> FIRE AND EXTENDED COVERAGE						
PURCHASE PRICE OF BUILDING INCLUDING IMPROVEMENTS \$ _____	DATE PURCHASED	WHOLE OR PART VACANT OR UNOCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	% OF TOTAL	IF VACANT, SUPPLEMENTAL APPLICATION VP-0003 IS REQUIRED		

RATING/UNDERWRITING

OCCUPANCY FOR BUILDING AND PERSONAL PROPERTY				NUMBER OF FAMILIES				FOR PERSONAL PROPERTY ONLY			
<input type="checkbox"/> OWNER OCCUPIED		<input type="checkbox"/> SECONDARY		<input type="checkbox"/> UNDER CONSTRUCTION		<input type="checkbox"/> 1		<input type="checkbox"/> 4		<input type="checkbox"/> IN MERCANTILE BUILDING	
<input type="checkbox"/> TENANT OCCUPIED		<input type="checkbox"/> SEASONAL		COMPLETION DATE _____		<input type="checkbox"/> 2		<input type="checkbox"/> 5 OR OVER			
<input type="checkbox"/> # WEEKS RENTED _____						<input type="checkbox"/> 3					
FRAME	<input type="checkbox"/> PLASTIC SIDING	MARKET VALUE	STRUCTURE TYPE	PROTECT CLASS	DISTANCE TO		HEAT TYPE	RENOVATION TYPE	PART	COMP	YEAR
<input type="checkbox"/> MASONRY	<input type="checkbox"/> ASBESTOS SIDING	\$ _____	<input type="checkbox"/> DWELLING	<input type="checkbox"/> MOBILE HOME	HYDRANT	FIRE STATION	PRIMARY	WIRING			
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> FIRE RES		<input type="checkbox"/> APART	<input type="checkbox"/> TOWNHOUSE	FT MI		SECONDARY	PLUMBING			
<input type="checkbox"/> OTHER:			<input type="checkbox"/> CONDO	<input type="checkbox"/> ROWHOUSE	NUMBER OF			HEATING			
YR BUILT	SQ FT	# ROOMS	# APTS	FIRE DISTRICT/CODE NUMBER	FIRE DIVS	UNITS IN FIRE DIV	TERR CODE	ROOFING			
								EXTERIOR PAINT			

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

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT

PRIOR COVERAGE

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

INT #	<input type="checkbox"/> MORTG'E <input type="checkbox"/> ADDL INT	NAME AND ADDRESS	LOAN NUMBER

IMPORTANT

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES THE PROPERTY IS NOT INSURABLE WITH THIS ASSOCIATION

- ARE PROPERTY TAXES UNPAID FOR TWO (2) QUARTERS OR MORE? YES NO
- DOES THE PROPERTY HAVE ANY OUTSTANDING FIRE OR OTHER CODE VIOLATIONS WHICH HAVE BEEN BROUGHT TO THE APPLICANT'S ATTENTION BY ANY AUTHORITY? YES NO
- HAS THE PROPERTY BEEN CONDEMNED OR ORDERED UNINHABITABLE BY ANY AUTHORITY? YES NO

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN 1 - 12 IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN 1 - 12 IN REMARKS	YES	NO
1. IS ANY BUSINESS CONDUCTED ON THE PREMISES? (Including Day/Child Care)			10. HAS THE APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?		
2. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN PRIVATE RESIDENCE AND THEN CONVERTED?			11. DURING THE LAST TEN (10) YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?		
3. ANY OTHER INSURANCE WITH THIS COMPANY? List Policy Numbers:			12. ANY FIRE CODE VIOLATIONS IN THE LAST TWELVE (12) MONTHS?		
4. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS?			13. ARE SPACE HEATERS, KEROSENE HEATERS VENTED AND AWAY FROM FURNITURE?		
5. IS THERE ANY UNPAID, UNCONTESTED PREMIUM DUE?			14. ARE ELECTRICAL CORDS, EXTENSION CORDS IN GOOD CONDITION?		
6. IS BUILDING UNDERGOING RENOVATIONS OR RECONSTRUCTION? List Completion Date:			15. PROVIDE NAME OF AN ADMITTED VOLUNTARY MARKET INSURER THAT DECLINED TO PROVIDE HOMEOWNERS COVERAGE TO THE APPLICANT INSURER: _____		
7. IS HOUSE FOR SALE?			REASON FOR DECLINATION: _____		
8. IS THERE ANY EXISTING PROPERTY DAMAGE?					
9. IS BUILDING AWAITING DEMOLITION?					

REMARKS

MOBILE HOME

YEAR	MAKE	MODEL	SERIAL NUMBER
LENGTH	WIDTH	TIE DOWN <input type="checkbox"/> FULL <input type="checkbox"/> CHASSIS ONLY <input type="checkbox"/> OVERTOP ONLY <input type="checkbox"/> NONE	CONTINUOUS MASONRY FOUNDATION <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT MUST SIGN AND DATE THIS APPLICATION BELOW. READ CAREFULLY BEFORE SIGNING.

CERTIFICATION OF APPLICATION FOR INSURANCE

I DECLARE AND STATE THAT: (1) I HAVE BEEN UNABLE TO OBTAIN PROPERTY INSURANCE WITHIN THE PRECEDING 60 DAYS. (2) THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (3) I UNDERSTAND THAT THE ASSOCIATION INTENDS TO RELY UPON THE INFORMATION PROVIDED BY ME IN THIS APPLICATION. I FURTHER UNDERSTAND THAT IF I PROVIDE INACCURATE OR MISLEADING INFORMATION OR FAIL TO DISCLOSE REQUIRED INFORMATION, IT WILL BE CONSIDERED LACK OF GOOD FAITH ON MY PART AND WILL VOID MY COVERAGE AND MAY SUBJECT ME TO CRIMINAL AND CIVIL PENALTIES. (4) THE PRODUCER NAMED BELOW IS NOT ACTING AS AN AGENT OF THE ASSOCIATION FOR THE PURPOSES OF THIS INSURANCE. (5) NO COVERAGE WILL BE IN EFFECT IF MY PREMIUM REMITTANCE IS DISHONORED OR SHORT OF THE FULL AMOUNT DUE. (6) THIS APPLICATION FOR INSURANCE DOES NOT BIND THE ASSOCIATION TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY. (7) ANY INSPECTION OF THE PROPERTY CONDUCTED BY THE NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION OR ITS AGENT SHALL NOT CREATE ANY LIABILITY ON THEIR PART.

IF THE APPLICANT IS AN INDIVIDUAL THE FOLLOWING PARAGRAPH APPLIES:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY SUBSTANTIAL) CIVIL PENALTIES.

SIGNATURE OF APPLICANT _____ DATE _____

IF THE APPLICANT IS A PARTNERSHIP, COMPANY OR CORPORATION, AN OFFICER OF THE FIRM SHALL SIGN CERTIFICATION, PRINTING NAME AND TITLE BELOW. SUPPLEMENTAL CORPORATE QUESTIONNAIRE (FORM NJ-1A) MUST BE COMPLETED AND FILED WHEN THE APPLICANT IS A CORPORATION, HOLDING COMPANY OR PARTNERSHIP.

NAME _____ TITLE _____

I (WE) SPECIFICALLY REQUEST THAT ONLY FIRE INSURANCE COVERAGE BE WRITTEN ON MY (OUR) DWELLING PROGRAM POLICY.

SIGNATURE OF APPLICANT _____ DATE _____

IN THE EVENT A POLICY IS CANCELLED BY THE INSUROR, ANY BROKER OF RECORD MAY CLAIM HIS PORTION OF THE UNEARNED COMMISSION, AND THE BALANCE OF THE UNEARNED PREMIUM INCLUDING ANY BALANCE OF UNEARNED COMMISSION, SHALL BE RETURNED TO THE POLICY HOLDER.