			-		-	-					-		-		
				MASSACHU				RANCE UNDERWRITING ASSOCIATION				_	UND INITIALS		
								BOSTON, MA						UND INITIALS	
				PHONE: (617) 723-	. ,		6108 (MA ONLY) FAX: (800) 932-6717				- -	DATE		
VISIT OUR WEB SIT							•						APPROVED		
THIS APPLICATION IS NOT						T A BINDER OF INSURANCE					REJECTED				
	S	EE ACORD						IDE ALL THE I					CATION		
								POLICY # :							
	LICANT(S)			DDRESS				2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT						KER/AGENT	
NAME (AS IT SHOULD APPEAR ON POLICY)					NAME OF LICENSED BROKER / AGENT										
#/STREET					#/STREET										
ITY/STAT	E/ZIP							CITY/STATE/ZIP							
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ONTACT	'S HOME TELE	PHONE #		CONTACT'S B	USINESS	TELEPHONE #		E-MAIL ADDRESS FOR MPIUA RESPONSE							
PPLICAN	IT'S OCCUPAT	ION													
. LOC	ATION OF	PROPER	RTY. IF	DIFFERENT	FROM A	ABOVE (ITEM	1)	1							
. NAN			MORTO	AGEE(3) (I	ENCLOSI		NIKA	2.	<u>JN-INSTITU</u>	ITIONAL I	NORIGA	<u>GE HOLDEKS)</u>			
SHO	WN BELO	<u>w.</u>			te the		ON	IS RECEIVED				N, OR A LA	TER DA	E IF	
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RESENT	OR PRIOR INS	URER				POLICY #			EXPIRATION DATE				-	COVERAGE E LIMIT	
											\$		\$		
-	ERAGE R	EQUEST													
OLICY FORM	A - DWELLING		B - OTHER STRUCTURES (Describe in Remarks)		C - PERSONAL PROPERTY		D - FAIR RENTAL VALUE		OTHER			RSONAL LIABILIT		DICAL PAYMENT CH PERSON)	
	\$		\$		\$ WIND HA		\$		\$		\$		\$		
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	OWNER OCCL			SEASON VACANT/	AL ′UNOCCUF	IF		VACANT/UNOCCU TIALLY VACANT/UI VACANCY:	NOCCUPIED		REHA UNDE	BILITATION (DP 0	0 01 only) I	Required Required Required	
ONSTRU	CTION OF DW	ELLING				70									
	FRAME (1)	BRI	CK, STONE SONRY VE			, STONE OR NRY (3)		FIRE RESISTIVE (4)			E WITH ALUMINU TIC SIDING (5)	MOR		
NELLING	GCONTAINS				ONE (5 -					IF 1	OWNHOU	SE / ROWHOUSE			
1 APT 3 APTS MOBILE HOME (DP 00 01 only)						CONDOMINIUM UNIT # OF FAMILY UNITS PER FIRE DIVISION:									
2 APTS 4 APTS TENANT'S PERSONAL PROPERTY ONLY # OF UNITS OWNED BY APPLICANT:															
STIMATE	D REPLACEMI B REPLACEME	ENT COST	EQ'D)	PRESENT MARKE	T VALUE (EXCLUDING LAND) (C	DATE OF PURCHAS	SE OF REAL	PROPERTY	· T	PURCHASE PRIC	E		
			!	6								\$			

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POLICY NUMBER

9. ENDORSEMENTS

INDICATE ENDORSEMENT(S), LIMIT(S) AND APPLICABLE ADDITIONAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	ES NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS				
A. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? IF YES INDICATE THE TYPE AND PRECISE LOCATION OF THE BUSINESS,		K. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?				
INDICATE WHERE IT IS CONDUCTED, ANY MODIFICATIONS TO THE DWELLING TO ACCOMMODATE THE BUSINESS, AND NUMBER OF EMPLOYEES.		L. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?				
B. IF OWNER OCCUPIED, DOES THE APPLICANT RESIDE IN OR OCCUPY ANY OTHER PREMISES OTHER THAN THE LOCATION INSURANCE IS BEING REQUESTED FOR?		M. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?				
C. ANY FULL TIME RESIDENCE EMPLOYEES? (NUMBER AND TYPE OF FULL TIME AND PART TIME EMPLOYEES)		HAVE YOU, THE MORTGAGEE OR ANY OTHER PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY, BEEN CONVICTED FOR THE CRIME OF ARSON				
D. HAS PRESENT INSURER FURNISHED NOTICE OF NON RENEWAL OR INTENT TO CANCEL?		OR FOR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY?				
ANY DOGS OR OTHER ANIMAL (S) ON PREMISES? (SPECIFY BREED AND/OR KIND OF ANIMAL IN REMARKS.)		O. HAS THE APPLICANT FILED A VOLUNTARY PETITION, OR BEEN NAMED AS THE DEBTOR IN AN INVOLUNTARY PETITION, UNDER THE UNITED STATES				
F. HAVE YOU HAD ANY PROPERTY LOSSES OR ANY LIABILITY CLAIMS BROUGHT AGAINST YOU IN THE PAST FIVE YEARS? (IF YES, STATE TYPE (S), DATE (S), AMOUNT (S) IN REMARKS)		BANKRUPTCY CODE OR IS THE APPLICANT ACTING AS BANKRUPTCY TRUSTEE OR PERSON PERFORMING A SIMILAR FUNCTION?				
G. HAS AN INCIDENT REPORT BEEN MADE AGAINST AN ANIMAL IN YOUR CARE, CUSTODY, OR CONTROL?		P. ARE THERE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER PER FAMILY) NUMBER PER FAMILY:		L		
NY UNREPAIRED DAMAGE?		Q. IF OWNER OCCUPIED, IS THE UNIT IN WHICH YOU RESIDE ON THE RESIDENCE PREMISES RENTED OR INTENDED FOR RENTAL AT ANY TIME				
DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; OR (C) DECLARED UNSAFE?		DURING THE YEAR? IF YES, STATE NUMBER OF WEEKS YOUR UNIT ON THE RESIDENCE PREMISES IS OR WILL BE RENTED. NUMBER OF WEEKS:				
IAS A STATE OR MUNICIPAL OFFICIAL NOTIFIED YOU IN WRITING OF ANY BUILDING, SANITARY, FIRE OR OTHER CODE VIOLATION (S) AT THE PROPERTY VHICH ARE CURRENTLY OUTSTANDING?		R. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (LIST YEAR, TYPE, MAKE, MODEL)				

SIGNATURE

SIGNATURE			
BY SIGNING THIS APPLICATION I (WE) CERTIFY THA CONTAINED HEREIN IS TRUE AND CORRECT TO TH ANY WILLFUL CONCEALMENT OR MISREPRESENTA INCLUDING BUT NOT LIMITED TO ANY SUBSEQUEN CERTIFY THAT I (WE) HAVE ATTEMPTED TO OBTAI AND HAVE BEEN DENIED BY AT LEAST TWO INSUR LICENSED BROKER OR AGENT IS AUTHORIZED TO RESULTING INSURANCE. I (WE) HAVE BEEN PRO COVERAGE OPTION NOTICE AND COMMONWEALTH NOTICE AND CREDIT REPORTING NOTICE PROVIDE APPLICATION.	IE BÈST OF MY (OUR) KI TION OF A MATÈRIAL FA IT RENEWAL OR REPLA(IN NON-OWNER OCCUP RERS WHO PROVIDE SU ACT AS MY (OUR) BRO OVIDED WITH THE PER I OF MASSACHUSETTS I	NOWLEDGE AND BELIEF. I (WE) ACKNOWLEDGE / ACT OR CIRCUMSTANCES HEREON MAY VOID AN CEMENT POLICIES. IF LIABILITY COVERAGE IS RE IED DWELLING LIABILITY COVERAGE IN THE VOL CH COVERAGE IN THE VOLUNTARY MARKET. TH OKER OF RECORD FOR PURPOSE OF THIS APPLI SONAL LIABILITY INSURANCE LEAD POISONING DISCLOSURE STATEMENT AND I (WE) HAVE READ	AND AGREE THAT Y POLICY ISSUED, EQUESTED, I (WE) UNTARY MARKET IE ABOVE NAMED CATION AND ANY EXCLUSION AND THE INSPECTION
SIGNED UNDER THE PAINS AND PENALTIES OF PER	URY		
SIGNATURE(S) OF ALL APPLICANTS	DATE	SIGNATURE(S) OF ALL APPLICANTS	DATE
SIGNATURE(S) OF ALL APPLICANTS	DATE	SIGNATURE(S) OF ALL APPLICANTS	DATE
UNDER THE PENALTIES OF PERJURY, I HEREBY CE UNABLE TO OBTAIN INSURANCE ELSEWHERE ON B			3, AND THAT I AM

DATE