

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION APPLICATION FOR DWELLING FIRE AND LIABILITY INSURANCE INSPECTION AND PLACEMENT

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
TWO CENTER PLAZA, BOSTON, MA 02108-1904
PHONE: (617) 723-3800 (800) 392-6108 (MA ONLY) FAX: (800) 932-6717
VISIT OUR WEB SITE - www.mpiua.com
THIS APPLICATION IS NOT A BINDER OF INSURANCE

UND INITIALS _____

DATE _____

APPROVED
 REJECTED

APPLICATION MUST BE TYPED. PROVIDE ALL THE INFORMATION REQUESTED.

SEE ACORD 66 MA FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

	POLICY # :
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1. APPLICANT(S) NAME & MAIL ADDRESS		2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT	
NAME (AS IT SHOULD APPEAR ON POLICY)		NAME OF LICENSED BROKER / AGENT	
#/STREET		#/STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME OF THE PERSON THE INSPECTOR CAN CONTACT FOR INSPECTION OF THE PROPERTY		TELEPHONE #	FAX #
CONTACT'S HOME TELEPHONE #	CONTACT'S BUSINESS TELEPHONE #	E-MAIL ADDRESS FOR MPIUA RESPONSE	
APPLICANT'S OCCUPATION			

3. LOCATION OF PROPERTY, IF DIFFERENT FROM ABOVE (ITEM 1)

# STREET	CITY / STATE / ZIP
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4. NAME & ADDRESS OF MORTGAGEE(S) (ENCLOSE COPY OF CONTRACT FOR ALL NON-INSTITUTIONAL MORTGAGE HOLDERS)

1.	2.
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5. THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.

EFFECTIVE DATE	ANNUAL TENTATIVE PREMIUM	DOWN-PAYMENT (MINIMUM 25%)
	\$ _____ <input type="checkbox"/> IF INSTALLMENT PLAN SELECTED CHECK BOX	\$ _____

6. PRESENT OR PRIOR INSURANCE INFORMATION

PRESENT OR PRIOR INSURER	POLICY #	EXPIRATION DATE	COVERAGE A LIMIT	COVERAGE E LIMIT
			\$ _____	\$ _____

7. COVERAGE REQUESTED

POLICY FORM	A - DWELLING	B - OTHER STRUCTURES (Describe in Remarks)	C - PERSONAL PROPERTY	D - FAIR RENTAL VALUE	OTHER	L - PERSONAL LIABILITY (EACH OCCURRENCE)	M - MEDICAL PAYMENTS (EACH PERSON)
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ANNUAL TENTATIVE PREMIUM	DEDUCTIBLE	WIND HAIL DEDUCTIBLE	<input type="checkbox"/> IF STANDALONE PERSONAL LIABILITY COVERAGE ONLY		<input type="checkbox"/> AS AN ENDORSEMENT ADDING PERSONAL LIABILITY COVERAGE TO MPIUA DWELLING FIRE POLICY # _____		
\$ _____	\$ _____	\$ _____					

8. DWELLING INFORMATION

DWELLING IS

<input type="checkbox"/> OWNER OCCUPIED	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> PARTIALLY VACANT/UNOCCUPIED	<input type="checkbox"/> UNDER REHABILITATION (DP 00 01 only)	Letter of Intent Required Letter of Intent Required
<input type="checkbox"/> NON OWNER OCCUPIED	<input type="checkbox"/> VACANT/UNOCCUPIED	IF PARTIALLY VACANT/UNOCCUPIED % OF VACANCY: _____ %		

CONSTRUCTION OF DWELLING

<input type="checkbox"/> FRAME (1)	<input type="checkbox"/> BRICK, STONE OR MASONRY VENEER (2)	<input type="checkbox"/> BRICK, STONE OR MASONRY (3)	<input type="checkbox"/> FIRE RESISTIVE (4)	<input type="checkbox"/> FRAME WITH ALUMINUM OR PLASTIC SIDING (5)
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DWELLING CONTAINS

<input type="checkbox"/> 1 APT	<input type="checkbox"/> 3 APTS	<input type="checkbox"/> MOBILE HOME (DP 00 01 only)	<input type="checkbox"/> CONDOMINIUM UNIT	IF TOWNHOUSE / ROWHOUSE
<input type="checkbox"/> 2 APTS	<input type="checkbox"/> 4 APTS	<input type="checkbox"/> TENANT'S PERSONAL PROPERTY ONLY		# OF FAMILY UNITS PER FIRE DIVISION: _____
# OF APARTMENTS: _____				# OF UNITS OWNED BY APPLICANT: _____

ESTIMATED REPLACEMENT COST (ASSN MSB REPLACEMENT COST REQ'D)	PRESENT MARKET VALUE (EXCLUDING LAND)	DATE OF PURCHASE OF REAL PROPERTY	PURCHASE PRICE
\$ _____	\$ _____		\$ _____

YEAR BUILT	FIRE DISTRICT/TOWN	TERR CODE	PROTECTION CLASS	DISTANCE TO HYDRANT	DISTANCE TO FIRE STATION
				FT	MI

