



# Quincy Mutual Fire Insurance Company

## PERSONAL LINES

3.11

### Quincy Mutual Homeowner Underwriting Information

06-01-04

**THIS HOMEOWNERS UNDERWRITING INFORMATION FORM MUST BE COMPLETED AND ATTACHED TO ALL NEW BUSINESS FOR HOMEOWNERS POLICIES.**

Insured: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Date: \_\_\_\_\_

Have you seen this dwelling? No  Yes  > Policy #: \_\_\_\_\_

1. Is dwelling owner occupied? \_\_\_\_\_ > How recently? \_\_\_\_\_

2. Are there roomers or boarders in any part of the dwelling? \_\_\_\_\_ > Date purchased? \_\_\_\_\_

3. Age of dwelling? \_\_\_\_\_ 4. Number of rooms? \_\_\_\_\_

5. Replacement Cost? \_\_\_\_\_ 6. Market Value (include land)? \_\_\_\_\_

7. Loss record of past five years? \_\_\_\_\_

8. Any unrepaired damages? \_\_\_\_\_

9. Has the dwelling been substantially renovated or updated? If yes, provide details and dates.

Roof: \_\_\_\_\_ Electric: \_\_\_\_\_ Other: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Heat: \_\_\_\_\_

10. Flooding or water exposure; Distance to: \_\_\_\_\_ Height above: \_\_\_\_\_  
Type exposure: \_\_\_\_\_

11. Prior Carrier: \_\_\_\_\_ > Amount of Coverage: \_\_\_\_\_

12. Is there an underground oil tank on the premises? \_\_\_\_\_

13. Is the dwelling constructed on a concrete slab? No  Yes  If Yes, is it heated by oil? No  Yes

14. Primary heat type? \_\_\_\_\_

15. Is wood or coal stove used? \_\_\_\_\_ Installed by? \_\_\_\_\_ Inspected by? \_\_\_\_\_

16. Is building under construction or renovation now or will it be in the next 12 months? No  Yes   
If yes, Explain work to be done and completion date. \_\_\_\_\_

Circle the correct answer to the following questions and explain all "yes" responses.

- |  | no                       | Yes:                     | Explain |
|--|--------------------------|--------------------------|---------|
| 17. Is the dwelling for sale?  | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 18. Is there a co-owner of the property?   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 19. Is any portion unoccupied?   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 20. Is dwelling near commercial exposure?  | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 21. Is there other insurance with Quincy Mutual?   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 22. Has homeowners coverage been canceled, declined or non-renewed in the past three years?  | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 23. Is there any other structure on premises worth more than \$5,000? If yes, provide description and value.   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 24. Is there a trampoline on the premises?   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 25. Is a swimming pool on premises?<br>Size, depth, diving board, proper fence? Locked?  | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 26. Is a dog or any other pet owned or kept on premises? Breed?  | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 27. Is a horse owned or kept on premises? Purpose?   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 28. Is any business conducted on the premises by anyone?   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 29. Any domestic employees?  | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| 30. Have you or your spouse been convicted of any degree of arson in the last ten years?(A person who fails to disclose a conviction of arson is subject to a criminal penalty). | <input type="checkbox"/> | <input type="checkbox"/> | _____   |

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and substantial civil penalties.

Applicant's Statement: I declare that the information provided is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_