

SUPPLEMENTAL INSURANCE APPLICATION FOR ARSON CONTROL

APPLICANT: _____ LOCATION: _____ Amount of Insurance \$_____ Applicant is <input type="checkbox"/> Owner-Occupant <input type="checkbox"/> Absentee Owner <input type="checkbox"/> Tenant	
VALUATION: This information helps to explain the amount of insurance selected at the time of application, but does not determine the value at the time of loss. Purchase Information: Date _____ Price \$_____ Cost of subsequent Improvements \$_____	
Estimated Replacement Cost \$_____ Estimated Fair Market Value (exclusive of land) \$_____	
For rental properties, indicate the Annual Rental Income \$_____	
Check the valuation method used to establish the amount of insurance: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Replacement Cost Less Physical Depreciation <input type="checkbox"/> Fair Market Value (exclusive of land) <input type="checkbox"/> Other _____	
Who determined the Value: _____ Attach copy of any appraisal.	

UNDERWRITING INFORMATION: If the answer to any of the following questions is “yes”, complete the appropriate section on page 2.		
1. Is the applicant other than an individual or sole proprietorship?	[] yes	[] no
2. Are any mortgage payments (building or contents) overdue by 3 months or more?	[] yes	[] no
3. Are there any tax liens against the property or business? Are any taxes unpaid or overdue for 1 year or more?	[] yes	[] no
4. Are there any current violations of fire safety, health, building, or construction codes at this location?	[] yes	[] no
5. Has anyone with a financial interest in this property been convicted for arson, fraud, or other crime related to loss on property owned now or during the last 5 years?	[] yes	[] no
6. Is the mortgagee other than a federal or state chartered lending institution?	[] yes	[] no
7. Have there been losses during the past 5 years exceeding \$1,000 in damage to this property or to any property in which anyone with a financial interest in this property had an equity interest or held a mortgage (except federal or state chartered lending institutions)?	[] yes	[] no
8. Is any portion of the building or any apartment vacant, unoccupied or seasonal?	[] yes	[] no
9. Has any coverage on this property been declined, cancelled, or non-renewed in the last years? Is there any other insurance in force or to be secured on this property?	[] yes	[] no

The Proposed Insured covenants that the information provided on this application and the main application is true, complete, and correct based on his/her records, knowledge, and belief. The Proposed Insured agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall void any policy issued.

 Signature of Agent or Broker
 Date: _____

 Signature of Proposed Insured

 Official Title