



DWELLING FIRE APPLICATION

								Date:	
Agency Name:				Applicant's Name:					
Address:				Mailing Address:					
Phone:		Fax:		City:		State:	Zip:	County:	
E-mail:				E-mail:					
Code:		Subcode:		Phone No.:		Bus. Phone No.:			
Agency Customer ID:				Effective Date:		Expiration Date:			
APPLICANT INFORMATION									
Previous Address (if less than three years)			Years at Previous Address:		Location of property if different from above (attach Additional Location Supplemental Application, if necessary):				
Street:			Street:						
City:		State:	Zip:	City:		State:	Zip:	County:	
Applicant's Occupation (State nature of business if self-employed):			Marital Status	DOB	Applicant's Employer Name and Address:				
Co-Applicant's Occupation (State nature of business if self-employed):			Marital Status	DOB	Co-Applicant's Employer Name and Address:				
COVERAGES/LIMITS OF LIABILITY								PREMIUM	
Policy Type	Dwelling	Other Structures	Personal Property	ALE/Fair Rental Value	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium:	\$	
	\$	\$	\$	\$	\$	\$		Deposit:	\$
								Balance:	\$
PERILS: <input type="checkbox"/> Fire <input type="checkbox"/> EC <input type="checkbox"/> VMM									
Deductible Type & Amount (%/\$)		<input type="checkbox"/> All perils:		<input type="checkbox"/> Wind & Hail:		<input type="checkbox"/> Named Storm:		<input type="checkbox"/> Other:	
ENDORSEMENTS/ADDITIONAL COVERAGES									
<input type="checkbox"/> Replacement Cost Dwelling		<input type="checkbox"/> Residence Burglary: \$		<input type="checkbox"/> Workers Comp (CA & NY - Primary Owner Only)		<input type="checkbox"/> Other:			
<input type="checkbox"/> Personal Injury (Primary Owner Only)		<input type="checkbox"/> Earthquake Zone:		<input type="checkbox"/> Tenant Relocation (MA only)					
PAYMENT PLAN									
Billing: <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Agency Bill									

RATING/UNDERWRITING

Year Built	Purchase Date	Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input type="checkbox"/> Masonry <input type="checkbox"/> EIFS <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log Home <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Milled <input type="checkbox"/> Other:	Structure Type <input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op <input type="checkbox"/> MFG/Mobile Home	Usage Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacation Rental <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno Completion Date:	Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant No. Weeks Rented: <input type="checkbox"/> Vacant No. of Months:	No. Stories	Windstorm Loss Mitigation Features <input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
Square Feet	Replacement Cost \$						No. Families
	Market Value \$						No. H/H Residents

Territory Code	Protection Class	Distance To		Protection Device Type			Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts			
		Hydrant	Fire Station	System	Smoke	Temp	Burglar	Mobile Home Tied Down: <input type="checkbox"/> Yes <input type="checkbox"/> No		
		ft.	mi.	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors		

Fire District/Code No.: /	Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool:..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide
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Updates	Partial	Complete	Year	Details		
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers:..... <input type="checkbox"/> Yes <input type="checkbox"/> No		Fuses:..... <input type="checkbox"/> Yes <input type="checkbox"/> No
				Aluminum:..... <input type="checkbox"/> Yes <input type="checkbox"/> No		Knob & Tube:..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____ Any known leaks?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Heating	<input type="checkbox"/>	<input type="checkbox"/>		Primary: _____ Secondary: _____ <input type="checkbox"/> None Wood Stove?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Portable Space Heaters?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		Roof Type/Material: _____ Condition of Roof: _____ Any known leaks?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Exclude Roof?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

LOSS HISTORY

Any losses, whether or **not** paid by insurance, in the last three years, at **this** or **any** other location? Yes No
If "Yes," indicate below:

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN/CLOSED
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number:	Expiration date:
If lapse or no prior coverage, provide explanation:		



CLOSING STATEMENT

I have received and read a copy of the "Nationwide Insurance Privacy Statement" as required by the Fair Credit Reporting Act. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Nationwide Mutual Insurance Company and/or other members of the Nationwide group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Nationwide group to issue, review, and renew the insurance for which I am applying.

I understand that misrepresentation of information on this application could void some or all of my coverages.

I hereby authorize Nationwide Mutual Insurance Company and/or other members of the Nationwide group of insurance companies to obtain copies of consumer reports, to include but not limited to claims loss history reports for use in rating and/or underwriting of my insurance. I understand that in obtaining these reports, a consumer reporting agency may be used.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)





Vacant Dwelling Supplemental Application
(To be completed in addition to the Application)

Applicant's Name: _____
Mailing Address: _____

Agent Name: _____
Address: _____

Agency Code: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Risk Location: _____

Risk Information

Reason for Vacancy: _____

Date of initial Vacancy: _____ Expected length of Vacancy: _____

Describe general condition of property: _____

Is risk Bank owned or in process of foreclosure? Yes No

If Yes, provide details: _____

How often is property checked? (i.e., daily, weekly) _____ By Whom? _____

What is intended use of property? (i.e., sell, rent, renovate, occupy): _____

Renovations or Demolition planned? Yes No

If Yes, provide Scope of Work (i.e., cosmetic, structural, loss repairs) and detailed description of work to be done:

Utilities/Systems (check all that are active/turned on): Electric Water Heat Maintained? Yes No

Liability concerns? Yes No If Yes, describe _____

Security at Location (check all that apply): No Security All Doors/Windows secured Cameras/Surveillance

Interior Sprinklers Local Alarm Central Fire Alarm Central Burglar Alarm Water Leak Detection

Gated/Guarded Community Visible to neighbors Property Fenced Other _____

Comments: _____

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

