



## 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:	\$
<b>PERILS:</b> <input type="checkbox"/> Fire <input type="checkbox"/> EC <input type="checkbox"/> VMM									
<b>Deductible Type &amp; Amount (%/\$)</b>		<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									
<b>Billing:</b> <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Agency Bill									

**RATING/UNDERWRITING**

<b>Year Built</b>	<b>Purchase Date</b>	<b>Construction Type</b> <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:	<b>Structure Type</b> <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	<b>Usage Type</b> <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 <b>Completion Date:</b>	<b>Occupancy</b> <input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant <b>No. Weeks Rented:</b> <input type="checkbox"/> Vacant <b>No. of Months:</b>	<b>No. Stories</b>	<b>Windstorm Loss Mitigation Features</b> <input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
<b>Square Feet</b>	<b>Replacement Cost</b> \$						<b>No. Families</b>
	<b>Market Value</b> \$						<b>No. H/H Residents</b>

<b>Territory Code</b>	<b>Protection Class</b>	<b>Distance To</b>		<b>Protection Device Type</b>			Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts			
		<b>Hydrant</b>	<b>Fire Station</b>	<b>System</b>	<b>Smoke</b>	<b>Temp</b>	<b>Burglar</b>	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		

<b>Fire District/Code No.:</b> /	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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<b>Updates</b>	<b>Partial</b>	<b>Complete</b>	<b>Year</b>	<b>Details</b>		
<b>Wiring</b>	<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
<b>Plumbing</b>	<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		
<b>Heating</b>	<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		
<b>Roofing</b>	<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)