AGENCY CUSTOMER ID: _____

LOC #: _____

SUPPLEMENTAL PROPERTY APPLICATION

DATE (MM/DD/YYYY)

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	

LOCATION OF PROPERTY

STREET	CITY	COUNTY	STATE	ZIP + 4

UNDERWRITING INFORMATION

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, COMPLETE ONLY THE APPROPRIATE SECTIONS ON PAGE 2.		Y / N
(A) OWNERSHIP INFORMATION	IS THE APPLICANT OTHER THAN AN INDIVIDUAL OR A SOLE PROPRIETORSHIP?	
(B) MORTGAGE PAYMENTS / TAX LIENS	ARE MORTGAGE PAYMENTS OVERDUE BY THREE MONTHS OR MORE?	
	ARE TAX LIENS AGAINST THIS PROPERTY OR BUSINESS TAXES UNPAID OR OVERDUE FOR ONE YEAR OR MORE?	
(C) VIOLATIONS	ARE THERE ANY CURRENT VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT ANY LISTED LOCATIONS?	
(D) CONVICTIONS / LOSSES	DURING THE LAST TEN YEARS, HAS ANYONE WITH A FINANCIAL INTEREST IN THIS PROPERTY INCLUDING THE MORTGAGEE (IF OTHER THAN A FEDERALLY OR STATE CHARTERED LENDING INSTITUTION): • BEEN CONVICTED OF ANY DEGREE OF ARSON, FRAUD, OR OTHER CRIME RELATED TO LOSS ON THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	
	• HAD ANY FIRE OR EXPLOSION LOSSES EXCEEDING $1,000 ON THIS OR ANY OTHER PROPERTY?	
(E) LENDER	IS THE LENDER OTHER THAN A FEDERALLY OR STATE CHARTERED LENDING INSTITUTION?	
(F) VACANCY / UNOCCUPANCY	IS ANY PORTION OF THE BUILDING VACANT, UNOCCUPIED OR SEASONAL?	
	(IF AN APARTMENT, ARE MORE THAN 10% OF THE RENTAL UNITS UNOCCUPIED?)	
(G) OTHER INSURANCE	IS THERE ANY OTHER INSURANCE IN FORCE OR TO BE SECURED ON THIS PROPERTY?	

BUILDING INFORMATION

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.

(H) PURCHASE DATE: IF WITHIN LAST 3 YEARS COMPLETE REAL ESTATE TRANSACTION "SECTION (H)", ON PAGE 2

PURCHASE PRICE	$	HOW WAS THE INSURANCE VALUE DETERMINED? (Check all that apply)
FOR RENTAL PROPERTIES, INDICATE THE ANNUAL RENTAL INCOME	$	☐ PROFESSIONAL APPRAISER (Attach Copy of Appraisal)
APPROXIMATE COST OF SUBSEQUENT IMPROVEMENTS	$	☐ BY APPLICANT / INSURED
APPROXIMATE REPLACEMENT COST	$	☐ BY AGENT / BROKER
APPROXIMATE FAIR MARKET VALUE (Exclusive of Land)	$	☐ COMPANY APPRAISAL GUIDE; GIVE NAME OF COMPANY:
INDICATE THE VALUE USED TO DETERMINE THE AMOUNT OF INSURANCE:		
☐ PURCHASE PRICE ☐ REPLACEMENT COST ☐ FAIR MARKET VALUE		☐ OTHER:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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AGENCY CUSTOMER ID: _____

LOC #: _____

(A) OWNERSHIP INFORMATION

LIST THE NAMES OF: SHAREHOLDERS OF A CORPORATION, TRUSTEES AND BENEFICIARIES, PARTNERS (INCLUDING LIMITED PARTNERS), AND ALL OTHER OWNERS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NAME	ADDRESS	POSITION	INTEREST %

(B) MORTGAGE PAYMENTS	MORTGAGEE		DATE DUE	AMOUNT DUE	OTHER ENCUMBRANCES		
TAX LIENS / OVERDUE TAXES	☐ TAX LIEN ☐ OVERDUE TAX		DATE DUE	AMOUNT DUE	☐ TAX LIEN ☐ OVERDUE TAX	DATE DUE	AMOUNT DUE
(C) CODE VIOLATIONS	VIOLATION DATE	DESCRIPTION			VIOLATION DATE	DESCRIPTION	
(D) CONVICTIONS	DATE	DESCRIPTION		INDIVIDUAL			
	DATE	DESCRIPTION		INDIVIDUAL			

LOSSES	DATE	AMOUNT	LOCATION	DESCRIPTION

(E) LENDER	NAME	EXPLANATION

(F) VACANCY / UNOCCUPANCY

SEASON WHEN UNUSED (MM/DD/YYYY) START DATE	SEASON WHEN UNUSED (MM/DD/YYYY) END DATE	TOTAL # OF APARTMENT UNITS	# OF UNOCCUPIED APARTMENT UNITS	OTHER BUILDINGS, % VACANT (Unoccupied and No Furniture) %	OTHER BUILDINGS, % UNOCCUPIED (Furnished but No Residents) %	ANTICIPATED DATE OF OCCUPANCY

REASON FOR VACANCY / UNOCCUPANCY

HOW IS BUILDING PROTECTED FROM ENTRY?

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. IS THERE A GOVERNMENT ORDER TO VACATE OR DESTROY THE BUILDING, OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE? (No explanation necessary)	
2. ARE ANY UTILITIES OUT OF SERVICE?	
3. IS THERE UNREPAIRED DAMAGE OR HAVE ITEMS BEEN STRIPPED FROM BUILDING?	
4. IS THE BUILDING UP FOR SALE? DATE LISTED FOR SALE (MM/DD/YYYY):	

(G) OTHER INSURANCE

STATUS	EFF DATE	EXP DATE	AMOUNT OF INSURANCE	CARRIER	POLICY NUMBER

(H) REAL ESTATE TRANSACTIONS (Last 3 Years)

DATE	NAME OF SELLER	SELLING PRICE	MORTGAGE AMOUNT	MORTGAGEE
		$	$	
		$	$	

AGENCY CUSTOMER ID: _____

LOC #: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.
(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE OF AGENT / BROKER (Not required in NY)	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
SIGNATURE OF INSURED / APPLICANT	TITLE OF INSURED / APPLICANT	NATIONAL PRODUCER NUMBER