

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION APPLICATION FOR DWELLING FIRE AND LIABILITY INSURANCE INSPECTION AND PLACEMENT

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
TWO CENTER PLAZA, BOSTON, MA 02108-1904
PHONE: (617) 723-3800 (800) 392-6108 (MA ONLY) FAX: (800) 932-6717
VISIT OUR WEB SITE - www.mpiua.com
THIS APPLICATION IS NOT A BINDER OF INSURANCE

UND INITIALS _____

DATE _____

APPROVED
 REJECTED

APPLICATION MUST BE TYPED. PROVIDE ALL THE INFORMATION REQUESTED.

SEE ACORD 66 MA FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

POLICY # :

1. APPLICANT(S) NAME & MAIL ADDRESS

NAME (AS IT SHOULD APPEAR ON POLICY)

#/STREET

CITY/STATE/ZIP

NAME OF THE PERSON THE INSPECTOR CAN CONTACT FOR INSPECTION OF THE PROPERTY

2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT

NAME OF LICENSED BROKER / AGENT

#/STREET

CITY/STATE/ZIP

TELEPHONE #

FAX #

CONTACT'S HOME TELEPHONE #

CONTACT'S BUSINESS TELEPHONE #

E-MAIL ADDRESS FOR MPIUA RESPONSE

APPLICANT'S OCCUPATION

3. LOCATION OF PROPERTY, IF DIFFERENT FROM ABOVE (ITEM 1)

STREET

CITY / STATE / ZIP

4. NAME & ADDRESS OF MORTGAGEE(S) (ENCLOSE COPY OF CONTRACT FOR ALL NON-INSTITUTIONAL MORTGAGE HOLDERS)

1.

2.

5. THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.

EFFECTIVE DATE	ANNUAL TENTATIVE PREMIUM	DOWN-PAYMENT (MINIMUM 25%)
	\$ <input type="text"/> <input type="checkbox"/> IF INSTALLMENT PLAN SELECTED CHECK BOX	\$ <input type="text"/>

6. PRESENT OR PRIOR INSURANCE INFORMATION

PRESENT OR PRIOR INSURER	POLICY #	EXPIRATION DATE	COVERAGE A LIMIT	COVERAGE E LIMIT
			\$ <input type="text"/>	\$ <input type="text"/>

7. COVERAGE REQUESTED

POLICY FORM	A - DWELLING	B - OTHER STRUCTURES (Describe in Remarks)	C - PERSONAL PROPERTY	D - FAIR RENTAL VALUE	OTHER	L - PERSONAL LIABILITY (EACH OCCURRENCE)	M - MEDICAL PAYMENTS (EACH PERSON)
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
ANNUAL TENTATIVE PREMIUM	DEDUCTIBLE	WIND HAIL DEDUCTIBLE	<input type="checkbox"/> IF STANDALONE PERSONAL LIABILITY COVERAGE ONLY		<input type="checkbox"/> AS AN ENDORSEMENT ADDING PERSONAL LIABILITY COVERAGE TO MPIUA DWELLING FIRE POLICY # _____		
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>					

8. DWELLING INFORMATION

DWELLING IS

OWNER OCCUPIED
 SEASONAL
 PARTIALLY VACANT/UNOCCUPIED
 UNDER REHABILITATION (DP 00 01 only)
 Letter of Intent Required

NON OWNER OCCUPIED
 VACANT/UNOCCUPIED
 IF PARTIALLY VACANT/UNOCCUPIED
 UNDER CONSTRUCTION (DP 00 01 only)
 Letter of Intent Required

% OF VACANCY: _____ %

CONSTRUCTION OF DWELLING

FRAME (1)
 BRICK, STONE OR MASONRY VENEER (2)
 BRICK, STONE OR MASONRY (3)
 FIRE RESISTIVE (4)
 FRAME WITH ALUMINUM OR PLASTIC SIDING (5)

DWELLING CONTAINS

1 APT
 3 APTS
 MOBILE HOME (DP 00 01 only)
 CONDOMINIUM UNIT
 IF TOWNHOUSE / ROWHOUSE

2 APTS
 4 APTS
 TENANT'S PERSONAL PROPERTY ONLY
 # OF FAMILY UNITS PER FIRE DIVISION: _____

OF APARTMENTS: _____ # OF UNITS OWNED BY APPLICANT: _____

ESTIMATED REPLACEMENT COST (ASSN MSB REPLACEMENT COST REQ'D)	PRESENT MARKET VALUE (EXCLUDING LAND)	DATE OF PURCHASE OF REAL PROPERTY	PURCHASE PRICE
\$ <input type="text"/>	\$ <input type="text"/>		\$ <input type="text"/>

YEAR BUILT	FIRE DISTRICT/TOWN	TERR CODE	PROTECTION CLASS	DISTANCE TO HYDRANT	DISTANCE TO FIRE STATION
				FT	MI

