



**NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION  
DWELLING FIRE APPLICATION**

DATE (MM/DD/YYYY)

744 BROAD STREET, P.O. BOX 32609, NEWARK, NEW JERSEY 07102-3881 www.njiua.org

<b>PRODUCER</b>  <b>TELEPHONE NO.</b>  <b>LICENSE NO.</b>  I CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF THE STATE OF NEW JERSEY. I HAVE EXPLAINED TO THE APPLICANT THE NATURE OF THE INSURANCE APPLIED FOR AND HAVE INCLUDED IN THIS APPLICATION ALL REQUIRED INFORMATION WHICH I BELIEVE TO BE ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN THE EVENT THE POLICY IS VOID, CANCELLED OR CHANGE MADE RESULTING IN A RETURN OF PREMIUM TO THE INSURED, I AGREE TO RETURN THE UNEARNED COMMISSION PORTION OF THE RETURN PREMIUM.  SIGNATURE OF PRODUCER _____ DATE (MM/DD/YYYY) _____	<b>APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP+4)</b>  <b>HOME PHONE #</b> _____ <b>DAY</b> _____ <b>BUSINESS PHONE #</b> _____ <b>DAY</b> _____ _____ <b>EVE</b> _____ <b>EVE</b> _____  <b>LOCATION OF PROPERTY IF DIFFERENT FROM ABOVE (Include county and zip + 4)</b>  <b>BUILDING NO:</b> _____ <b>PERSON TO CONTACT TO ARRANGE FOR INSPECTION IF NECESSARY</b>  <b>TELEPHONE NO.</b> _____	<b>POLICY NO.</b>  <input type="checkbox"/> <b>NEW</b> <input type="checkbox"/> <b>RENEWAL</b>
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**APPLICANT INFORMATION**

APPLICANT'S OCCUPATION (State nature of business if self-employed)	MARITAL STATUS	DATE OF BIRTH (MM/DD/YYYY)
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**COVERAGES/LIMITS OF LIABILITY**

**DEDUCTIBLE (TYPE AND AMOUNT)**

<input type="checkbox"/> DP 1	<input type="checkbox"/> DP 2	<b>A. DWELLING</b> \$ _____	<b>B. PERSONAL PROPERTY</b> \$ _____	<b>C. REPLACEMENT COST</b> \$ _____	<input type="checkbox"/> ALL PERIL	\$ _____
					<input type="checkbox"/> NAMED HURRICANE	\$ _____

**PERILS INSURED AGAINST**

FIRE \*                                       FIRE AND EXTENDED COVERAGE AND VANDALISM OR MALICIOUS MISCHIEF  
 FIRE AND EXTENDED COVERAGE                                      \* EXTENDED COVERAGE AND VANDALISM OR MALICIOUS MISCHIEF MAY BE EXCLUDED ONLY BY SPECIFIC WRITTEN REQUEST SIGNED BY THE INSURED. (SEE STATEMENT ON REVERSE SIDE)

PURCHASE PRICE OF BUILDING INCLUDING IMPROVEMENTS \$ _____	DATE PURCHASED _____	WHOLE OR PART VACANT OR UNOCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	% OF TOTAL _____	IF VACANT, SUPPLEMENTAL APPLICATION VP-0003 IS REQUIRED
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**RATING/UNDERWRITING**

<b>OCCUPANCY FOR BUILDING AND PERSONAL PROPERTY</b>				<b>NUMBER OF FAMILIES</b>				<b>FOR PERSONAL PROPERTY ONLY</b>							
<input type="checkbox"/> OWNER OCCUPIED	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> UNDER CONSTRUCTION	COMPLETION DATE _____	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 5 OR OVER	<input type="checkbox"/> 3	<input type="checkbox"/> IN MERCANTILE BUILDING						
<input type="checkbox"/> TENANT OCCUPIED # WEEKS RENTED _____	<input type="checkbox"/> SEASONAL			<b>MARKET VALUE</b> \$ _____		<b>STRUCTURE TYPE</b> <input type="checkbox"/> DWELLING <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> APART <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> ROWHOUSE		<b>PROTECT CLASS</b>	<b>DISTANCE TO</b> HYDRANT _____ FT    FIRE STATION _____ MI		<b>HEAT TYPE</b> PRIMARY	<b>RENOVATION TYPE</b>	PART	COMP	YEAR
<b>FRAME</b> <input type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VENEER OTHER: _____	<b>PLASTIC SIDING</b> <input type="checkbox"/> ASBESTOS SIDING <input type="checkbox"/> FIRE RES	<b>ROOF TYPE</b>		<b>NUMBER OF</b> FIRE DIVS _____		<b>UNITS IN</b> FIRE DIV _____		<b>TERR CODE</b>	<b>SECONDARY</b>		WIRING				
YR BUILT _____	SQ FT _____	# ROOMS _____	# APTS _____	<b>FIRE DISTRICT/CODE NUMBER</b>							PLUMBING				
												HEATING			
												ROOFING			
												EXTERIOR PAINT			

**LOSS HISTORY**

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, INDICATE BELOW

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT

**PRIOR COVERAGE**

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
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**ADDITIONAL INTEREST**

INT #	<input type="checkbox"/> MORTG'E <input type="checkbox"/> ADDL INT	NAME AND ADDRESS	LOAN NUMBER

**IMPORTANT**

**IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES THE PROPERTY IS NOT INSURABLE WITH THIS ASSOCIATION**

- ARE PROPERTY TAXES UNPAID FOR TWO (2) QUARTERS OR MORE?  YES  NO
- DOES THE PROPERTY HAVE ANY OUTSTANDING FIRE OR OTHER CODE VIOLATIONS WHICH HAVE BEEN BROUGHT TO THE APPLICANT'S ATTENTION BY ANY AUTHORITY?  YES  NO
- HAS THE PROPERTY BEEN CONDEMNED OR ORDERED UNINHABITABLE BY ANY AUTHORITY?  YES  NO

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN 1 - 12 IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN 1 - 12 IN REMARKS	YES	NO
1. IS ANY BUSINESS CONDUCTED ON THE PREMISES? (Including Day/Child Care)			10. HAS THE APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?		
2. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN PRIVATE RESIDENCE AND THEN CONVERTED?			11. DURING THE LAST TEN (10) YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?		
3. ANY OTHER INSURANCE WITH THIS COMPANY? List Policy Numbers:			12. ANY FIRE CODE VIOLATIONS IN THE LAST TWELVE (12) MONTHS?		
4. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS?			13. ARE SPACE HEATERS, KEROSENE HEATERS VENTED AND AWAY FROM FURNITURE?		
5. IS THERE ANY UNPAID, UNCONTESTED PREMIUM DUE?			14. ARE ELECTRICAL CORDS, EXTENSION CORDS IN GOOD CONDITION?		
6. IS BUILDING UNDERGOING RENOVATIONS OR RECONSTRUCTION? List Completion Date:			15. PROVIDE NAME OF AN ADMITTED VOLUNTARY MARKET INSURER THAT DECLINED TO PROVIDE HOMEOWNERS COVERAGE TO THE APPLICANT		
7. IS HOUSE FOR SALE?			INSURER: _____		
8. IS THERE ANY EXISTING PROPERTY DAMAGE?			REASON FOR DECLINATION: _____		
9. IS BUILDING AWAITING DEMOLITION?			_____		

**REMARKS**

**MOBILE HOME**

YEAR	MAKE	MODEL	SERIAL NUMBER
LENGTH	WIDTH	TIE DOWN <input type="checkbox"/> FULL <input type="checkbox"/> CHASSIS ONLY <input type="checkbox"/> OVERTOP ONLY <input type="checkbox"/> NONE	CONTINUOUS MASONRY FOUNDATION <input type="checkbox"/> YES <input type="checkbox"/> NO

**APPLICANT MUST SIGN AND DATE THIS APPLICATION BELOW. READ CAREFULLY BEFORE SIGNING.**

**CERTIFICATION OF APPLICATION FOR INSURANCE**

I DECLARE AND STATE THAT: (1) I HAVE BEEN UNABLE TO OBTAIN PROPERTY INSURANCE WITHIN THE PRECEDING 60 DAYS. (2) THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (3) I UNDERSTAND THAT THE ASSOCIATION INTENDS TO RELY UPON THE INFORMATION PROVIDED BY ME IN THIS APPLICATION. I FURTHER UNDERSTAND THAT IF I PROVIDE INACCURATE OR MISLEADING INFORMATION OR FAIL TO DISCLOSE REQUIRED INFORMATION, IT WILL BE CONSIDERED LACK OF GOOD FAITH ON MY PART AND WILL VOID MY COVERAGE AND MAY SUBJECT ME TO CRIMINAL AND CIVIL PENALTIES. (4) THE PRODUCER NAMED BELOW IS NOT ACTING AS AN AGENT OF THE ASSOCIATION FOR THE PURPOSES OF THIS INSURANCE. (5) NO COVERAGE WILL BE IN EFFECT IF MY PREMIUM REMITTANCE IS DISHONORED OR SHORT OF THE FULL AMOUNT DUE. (6) THIS APPLICATION FOR INSURANCE DOES NOT BIND THE ASSOCIATION TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY. (7) ANY INSPECTION OF THE PROPERTY CONDUCTED BY THE NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION OR ITS AGENT SHALL NOT CREATE ANY LIABILITY ON THEIR PART.

IF THE APPLICANT IS AN INDIVIDUAL THE FOLLOWING PARAGRAPH APPLIES:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND (NY SUBSTANTIAL) CIVIL PENALTIES.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

IF THE APPLICANT IS A PARTNERSHIP, COMPANY OR CORPORATION, AN OFFICER OF THE FIRM SHALL SIGN CERTIFICATION, PRINTING NAME AND TITLE BELOW. SUPPLEMENTAL CORPORATE QUESTIONNAIRE (FORM NJ-1A) MUST BE COMPLETED AND FILED WHEN THE APPLICANT IS A CORPORATION, HOLDING COMPANY OR PARTNERSHIP.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

I (WE) SPECIFICALLY REQUEST THAT ONLY FIRE INSURANCE COVERAGE BE WRITTEN ON MY (OUR) DWELLING PROGRAM POLICY.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**IN THE EVENT A POLICY IS CANCELLED BY THE INSUROR, ANY BROKER OF RECORD MAY CLAIM HIS PORTION OF THE UNEARNED COMMISSION, AND THE BALANCE OF THE UNEARNED PREMIUM INCLUDING ANY BALANCE OF UNEARNED COMMISSION, SHALL BE RETURNED TO THE POLICY HOLDER.**