

PRODUCER PHONE (A/C, No, Ext): (555) 123-4567 FAX (A/C, No): (555) 123-4568				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) John and Mary Smith 123 Oak Street Springfield, IL 62701-1234 Sangamon County							
NAIC CODE: 12345			FACILITY CODE: ABC123			POLICY #					
DATE AT CURR RES: 01/15/2020   CO-PLAN: Standard						HO-2024-123456					
CODE: HO3	SUBCODE: 001		EFFECTIVE DATE 04/01/2024		EXPIRATION DATE 04/01/2025		HOME PHONE # (555) 987-6543	<input type="checkbox"/> DAY <input checked="" type="checkbox"/> EVE <input type="checkbox"/> DAY <input type="checkbox"/> EVE			
APPLICANT INFORMATION											
PREVIOUS ADDRESS (If less than 3 years) 456 Elm Street Chicago, IL 60601			YRS AT PREV ADDR 5		LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) Same as mailing address						
APPLICANT'S OCCUPATION (State nature of business if self-employed) Software Engineer		APPLICANT'S EMPLOYER NAME AND ADDRESS Tech Solutions Inc. 789 Tech Blvd Springfield, IL 62701			YEARS IN CURR OCC: 8 YEARS IN CURR EMP: 5 YEARS W/ PRIOR EMP: 3		MAR STAT <input checked="" type="checkbox"/> M <input type="checkbox"/> S	DATE OF BIRTH 05/15/1980	SOCIAL SECURITY # XXX-XX-1234		
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed) Marketing Manager		CO-APPLICANT'S EMPLOYER NAME AND ADDRESS Creative Marketing LLC 321 Main Street Springfield, IL 62701			YEARS IN CURR OCC: 10 YEARS IN CURR EMP: 7 YEARS W/ PRIOR EMP: 3		MAR STAT <input checked="" type="checkbox"/> M <input type="checkbox"/> S	DATE OF BIRTH 08/22/1982	SOCIAL SECURITY # XXX-XX-5678		
HOW LONG HAVE YOU KNOWN THE APPLICANT? 10 Years					DATE AGENT LAST INSPECTED PROPERTY: 02/15/2024						
COVERAGES/LIMITS OF LIABILITY								DED (Type & Amount)			
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL	WIND/ HAIL			
HO-3	\$350,000	\$35,000	\$262,500	\$105,000	\$300,000	\$5,000	\$1,000	\$2,500			
THEFT: \$1,000   NAMED HURRICANE: \$N/A											
ENDORSEMENTS						PREMIUM * Not Applicable in NC					
<input checked="" type="checkbox"/> REPLACEMENT COST DWELLING				<input checked="" type="checkbox"/> REPLACEMENT COST CONTENTS		EST TOTAL PREMIUM \$1,850					
ENTER OTHER ENDORSEMENT(S): Water Backup Coverage, Identity Theft Protection						DEPOSIT \$370					
						BALANCE \$1,480					
PAYMENT PLAN			ACORD 610 Attached (NOT APPLICABLE IN NC)					MAIL POLICY TO:			
ACCOUNT #: ACC-123456		BILLING: MONTHLY	IF DIRECT BILL: <input checked="" type="checkbox"/> DIRECT BILL		IF APPLICANT BILL: <input type="checkbox"/> BILL APPLICANT		<input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/> AGENT			
<input type="checkbox"/> AGENCY BILL			<input type="checkbox"/> BILL MORTGAGEE		<input type="checkbox"/> OTHER: _____		<input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER: _____				
RATING/UNDERWRITING											
FRAME	MASONRY	MASONRY VENEER	ALUMINUM SIDING	PLASTIC SIDING CONTRACTORS      SIDING		YR BUILT 2005	# ROOMS 8	MARKET VALUE \$425,000	STRUCTURE TYPE DWELLING	USAGE TYPE PRIMARY	FARM <input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQ FT 2,500	# APTS N/A	REPLACEMENT COST \$350,000	TOWNHOUSE <input type="checkbox"/>	COC <input type="checkbox"/>	# FAM 1
NUMBER OF:		TERR CODE 5	PREM GROUP A	PROTECT CLASS 3		DISTANCE TO: HYDRANT: 500 FT FIRE STATION: 2 MI		PROTECTION DEVICE TYPE <input checked="" type="checkbox"/> SMOKE <input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> DIRECT <input type="checkbox"/> LOCAL			

DWELLING LOCATION						
WITHIN CITY LIMITS <input checked="" type="checkbox"/> YES	WITHIN PROTECT SUBURB <input type="checkbox"/>	OCCUPIED BY OWNER <input checked="" type="checkbox"/>	TENANT <input type="checkbox"/>	RATING A	OCCUPIED DAILY? <input checked="" type="checkbox"/> YES	VISIBLE TO NEIGHBORS <input checked="" type="checkbox"/> YES

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Question 8:</b> House is currently undergoing kitchen renovation, estimated completion 05/01/2024, value \$35,000  <b>Question 12:</b> Own 2022 Polaris ATV, Model RZR 1000  <b>Question 22:</b> Trampoline has safety net enclosure
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>RENTERS AND CONDOS ONLY:</b>			
15. IS THERE A MANAGER ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>	
16. IS THERE A SECURITY ATTENDANT?	<input type="checkbox"/>	<input type="checkbox"/>	
17. IS THE BUILDING ENTRANCE LOCKED?	<input type="checkbox"/>	<input type="checkbox"/>	
18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20. IS HOUSE FOR SALE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
22. IS THERE A TRAMPOLINE ON THE PREMISES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
24. ANY LEAD PAINT HAZARD?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

LOSS HISTORY				
ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, INDICATE BELOW				
DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT	APPLICANT'S INITIALS

PRIOR COVERAGE			
PRIOR CARRIER State Farm Insurance	PRIOR POLICY NUMBER 24-BD-1234567-8	EXPIRATION DATE 03/31/2024	RISK NEW TO AGENCY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INTEREST			
INT # 1	<input checked="" type="checkbox"/> MORTG'E <input type="checkbox"/> ADDL INT	NAME AND ADDRESS First National Bank 100 Main Street Springfield, IL 62701	LOAN NUMBER LN-987654321
INT #	<input type="checkbox"/> MORTG'E <input type="checkbox"/> ADDL INT	NAME AND ADDRESS	LOAN NUMBER

REMARKS	ATTACHMENTS
<b>Additional Notes:</b> - Home has security system with central monitoring - Recent roof replacement (2023) - Updated electrical system (2022) - Property has fenced backyard	<input type="checkbox"/> STATE SUPPLEMENT(S)(If applicable) <input checked="" type="checkbox"/> PROTECTION DEVICE CERTIFICATE <input type="checkbox"/> INLAND MARINE APPLICATION <input type="checkbox"/> PERS EXCESS/UMBRELLA APP <input checked="" type="checkbox"/> REPLACEMENT COST ESTIMATE <input type="checkbox"/> RECREATIONAL VEHICLE APP <input checked="" type="checkbox"/> PHOTOGRAPH <input type="checkbox"/> WATERCRAFT APPLICATION <input type="checkbox"/> SOLID FUEL SUPPLEMENT <input type="checkbox"/> LEAD FREE PAINT CERTIFICATION <input type="checkbox"/> EARTHQUAKE APPLICATION <input type="checkbox"/> HOME BASED BUSINESS SUPP

FOR COMPANY USE ONLY

BINDER/SIGNATURE		
INSURANCE BINDER <input checked="" type="checkbox"/> COVERAGE IS BOUND <input type="checkbox"/> COVERAGE IS NOT BOUND	EFFECTIVE DATE <b>04/01/2024</b>	EXPIRATION DATE <b>04</b>