



NIF Group, Inc.

Homeowner Application

Applicant's Name: _____ Agent Name: _____

Mailing Address: _____ Address: _____

Agency Code: _____

General Information:

Type of Submission:

New Business Renewal Rewrite Previous Policy No.: _____

Requested Coverages: HO-3 HO-4 HO-6 HO-8

Occupancy:

Owner/Principal Residence Owner Seasonal/Secondary Residence

No. of months occupied: _____

If seasonal: resident caretaker non-resident

Premises checked on weekly basis

Deductible Amount: All Perils _____ Wind and Hail: \$ _____
Wind Excluded..... Yes No

If yes, explain: _____

Distance to coastal waters: Feet _____ Miles _____

Location Address: same as mailing address

Street

City State Country Zip Code

Coverage Information:

Year built: _____

Square footage: _____

Cost per square foot: \$ _____

Number of families: _____

Type of roof: _____

Protection class: _____

If PC 9 or 10 see page 2: _____

Wood stove?..... Yes No

Wood stove primary source of heat?..... Yes No

Submit two photos of wood stove along with Wood Stove Questionnaire (UTX-QUES-304)

Construction:

Frame

Masonry

EIFS/Stucco

Log

(hand hewn milled)

Other: _____

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Protection Classes 9 & 10 Questionnaire:

Central station fire and burglar alarm installed and monitored? Yes No

If yes, explain: _____

Name of responding fire department: _____

Paid Volunteer

Response time: _____ No. of pumpers: _____ No. of tankers: _____

Roads paved and accessible year round? Yes No

Physical barriers: _____

Public hydrant within 1,000 feet from dwelling? Yes No

If no, describe water source: _____

Water source distance, in miles, from dwelling: _____

Water source accessible by fire department year round? Yes No

Dwelling occupied daily

Coverage Limit Information

Property Coverage	Limits	Liability Coverage	Limits
Dwelling	\$	<input type="checkbox"/> Personal Liability <input type="checkbox"/> Premises Liability	\$
Other structures	\$	Home day care (No. of children _____ (5 max))	\$
Personal property	\$	Medical payments	\$ Per person
Loss of use	\$	In home business:	
Theft by burglary (above \$5,000 where applicable)	\$	Business property	\$
Satellite/antenna	\$	Liability aggregate (policy maximum)	\$

Replacement cost coverage: _____ Dwelling? Yes No Contents? Yes No

Additional Interests – Mortgagee/Loss Payees

Interest No. 1:

Name: _____

Address: _____

Loan No.: _____

Type of Interest: _____

Interest No. 2:

Name: _____

Address: _____

Loan No.: _____

Type of Interest: _____

Additional Requested Coverages (check box if applicable):

<input type="checkbox"/> ERC (Extended Replacement Cost) <input type="checkbox"/> Water Backup Limit: _____ <input type="checkbox"/> Identity fraud
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Other structures (garages, shed, etc.) on premise? Yes No

If yes, describe: _____

Modular or farm dwelling? Yes No

Existing fire, water or structural damage? Yes No

Working smoke detectors on premise? Yes No

Dwelling or structures built on stilts? Yes No

Provide year of building updates:

Wiring: Year _____ Partial Full Type: Knob or Tube Fuses Circuit Breakers

Plumbing: Year _____ Partial Full

Roofing: Year _____ Partial Full Type: _____

Heating & Air Conditioning: Year _____ Partial Full Type: _____

Property been seen by agent? Yes No

If yes, date agent last inspected property: _____

Additional Applicant Information:

Applicant's occupation: _____ Co-Applicant's occupation: _____

Previous address (if less than three years): _____

(Street, City, State, Zip)

Applicant's phone number: _____

Additional Comments: _____

Submit questionnaire form if:

Wood/coal/pellet stove

Notice of Insurance Information Practices:

Personal information about you may be collected from persons other than you. 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. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Application must be fully completed and signed.

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NOTICES, FRAUD WARNINGS AND ATTESTATION

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING:

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.

FRAUD WARNING APPLICABLE IN THE STAT OF NEW YORK:

Any person who knowing 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT

The undersigned declares that to the best of his or her knowledge and belief the statements contained in this application are true. The signing of the application does not bind the applicant or the company to complete the insurance, however, the application shall be the basis of the contract should a policy be issued.

Signature of Applicant: _____ Date: _____

Broker Information:

Name

Address

Contact

Phone

Fax

Do you presently have an NIF Account? Yes No

If so, which office: Manhasset NYC RI NJ PA

Signature of Producer: _____ Date: _____