

SERFF Tracking Number: ACPC-125758889 State: Arkansas  
Filing Company: ACORD Corporation State Tracking Number: EFT \$50  
Company Tracking Number: ACORD 2008-2 (HO)  
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners  
Product Name: Personal Insurance Application & Residential Section  
Project Name/Number: AR FILING 08-04-08: ACORD 88 (2007/11) & 89 (2007/11)/3 AR: ACORD 88 (2007/11) & ACORD 89 (2007/11)

## Filing at a Glance

Company: ACORD Corporation

Product Name: Personal Insurance Application & Residential Section SERFF Tr Num: ACPC-125758889 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 04.0005 Other Homeowners

Co Tr Num: ACORD 2008-2 (HO)

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi

Author: Daneen L. Carroll

Disposition Date: 08/13/2008

Date Submitted: 08/05/2008

Disposition Status: Approved

Effective Date Requested (New): 08/04/2008

Effective Date (New): 08/13/2008

Effective Date Requested (Renewal):

Effective Date (Renewal): 08/13/2008

State Filing Description:

## General Information

Project Name: AR FILING 08-04-08: ACORD 88 (2007/11) & 89 (2007/11)

Status of Filing in Domicile: Not Filed

Project Number: 3 AR: ACORD 88 (2007/11) & ACORD 89 (2007/11)

Domicile Status Comments:

Reference Organization: ACORD

Reference Number: ACORD 88 (2007/11) & ACORD 89 (2007/11)

Reference Title: Personal Insurance Application & Residential Section

Advisory Org. Circular: ACORD 88 & ACORD 89

Filing Status Changed: 08/13/2008

State Status Changed: 08/06/2008

Deemer Date:

Corresponding Filing Tracking Number: ACORD 2008-2 (HO)

Filing Description:

August 4, 2008

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Ms. Alexa Grissom

Senior Rate and Forms Analyst

Property and Casualty Division

Arkansas Insurance Department

1200 West Third St.

Little Rock, Arkansas 72201-1904

Re: ACORD Forms Filing 2008-2 (HO)

ACORD 88 (2007/11) Personal Insurance Application

ACORD 89 (2007/11) Residential Section

Dear Ms. Grissom:

As a licensed Advisory Organization (# 8977), we hereby file two (2) new forms.

Attached are the following:

1. Copies of Form PC TD-1, P&C Transmittal Document
2. Copies of Form PC FFS-1, Form Filing Synopsis
3. Arkansas Certificate of Compliance
4. One copy of each of the applications being filed
5. An explanation of the use of each form
6. One \$50.00 filing fee

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail [jvolker@acord.org](mailto:jvolker@acord.org), if you need anything further.

Sincerely,

Joel V. Volker

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Staff Counsel

JVV:etb

Enclosures

## Company and Contact

### Filing Contact Information

Daneen L Carroll, Compliance Manager dcarroll@acord.org  
Two Blue Hill Plaza (845) 620-1700 [Phone]  
Pearl River , NY 10965-8529 (845) 620-3693[FAX]

### Filing Company Information

ACORD Corporation CoCode: 44 State of Domicile: New York  
Two Blue Hill Plaza Group Code: Company Type: Non-profit  
3rd Floor  
Pearl River, NY 10965-8529 Group Name: State ID Number:  
(845) 620-1700 ext. [Phone] FEIN Number: 13-2940919  
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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACORD Corporation	\$50.00	08/05/2008	21789282

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/13/2008	08/13/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Becky	08/06/2008	08/06/2008			
Industry	Harrington					
Response						

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Personal Insurance Application	Form	Daneen L. Carroll	08/11/2008	08/11/2008
Residential Section	Form	Daneen L. Carroll	08/11/2008	08/11/2008

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## **Disposition**

Disposition Date: 08/13/2008

Effective Date (New): 08/13/2008

Effective Date (Renewal): 08/13/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ACORD 88 (2007/11) & ACORD 89 (2007/11) ACORD Cover Letter: ACORD 2008-2 (HO)	Approved	Yes
Supporting Document	ACORD 88 (2007/11) & ACORD 89 (2007/11) Arkansas Certificate of Compliance: ACORD 2008-2 (HO)	Approved	Yes
Supporting Document	ACORD 88 (2007/11) & ACORD 89 (2007/11) Explanation of Changes: ACORD 2008-2 (HO)	Approved	Yes
Supporting Document	ACORD 88 (2007/11) & ACORD 89 (2007/11) ACORD Form: ACORD 2008-2 (HO)		Yes
Form	Personal Insurance Application	Approved	Yes
Form	Residential Section	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/06/2008

Submitted Date 08/06/2008

Respond By Date

Dear Daneen L Carroll,

This will acknowledge receipt of the captioned filing.

Objection 1

- ACORD 88 (2007/11) & ACORD 89 (2007/11) ACORD Form: ACORD 2008-2 (HO) (Supporting Document)

Comment: Arkansas does not allow windstorm/hail exclusions.

Objection 2

- ACORD 88 (2007/11) & ACORD 89 (2007/11) ACORD Form: ACORD 2008-2 (HO) (Supporting Document)

Comment: Please attach the forms under the forms tab.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

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**Amendment Letter**

Amendment Date:  
 Submitted Date: 08/11/2008

**Comments:**

Resopnse to Objection 1:

The statement "Not applicable in Arkansas" has been added to the Windstorm Exclusion field on page 3 of ACORD 89 (2008/08)

Response to Objection 2: Forms are properly submitted under Forms Tab:

ACORD 88 (2007/11) & ACORD 89 (2008/08)

**Changed Items:**

**Form Schedule Item Changes:**

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Personal Insurance Application	ACORD 88	(2007/11)	Applicati on/Binder/Enrollment	New				88.pdf
Residential Section	ACORD 89	(2008/08)	Applicati on/Binder/Enrollment	New				89.pdf

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Insurance Application	ACORD 88	(2007/11)	Application/ New Binder/Enrollment			88.pdf
Approved	Residential Section	ACORD 89	(2008/08)	Application/ New Binder/Enrollment			89.pdf



# PERSONAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY				NAMED INSURED			
CONTACT NAME:		CARRIER			NAIC CODE		
PHONE (A/C. No. Ext):		POLICY NUMBER					
FAX (A/C. No.):		PLAN		FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE	
E-MAIL ADDRESS:		SUBCODE:		AGENCY CUSTOMER ID:			

STATUS OF TRANSACTION		INDICATE SECTIONS ATTACHED						
<input type="checkbox"/>	NEW	POLICY CHANGE EFFECTIVE DATE	TIME		AM	PERSONAL AUTO (90)		WATERCRAFT (82)
<input type="checkbox"/>	RENEW				PM	PERSONAL INLAND MARINE (81)		
<input type="checkbox"/>	POLICY CHANGE					PERSONAL UMBRELLA (83)		
<input type="checkbox"/>						RESIDENTIAL (89)		

APPLICANT INFORMATION			
APPLICANT'S NAME (First, Middle, Last)		APPLICANT'S MAILING ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS	
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PREVIOUS ADDRESS		DATE AT CURRENT RESIDENCE	
		YEARS AT PREVIOUS ADDRESS (if less than three years): _____	
APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		APPLICANT'S EMPLOYER NAME AND ADDRESS	
CO-APPLICANT'S NAME (First, Middle, Last)		CO-APPLICANT'S ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS	
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	

LOCATION SCHEDULE / GARAGING LOCATION					
LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE		NO PRIOR COVERAGE			
LINE OF BUSINESS	PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	BI OR CSL LIMIT(S) IF APPLICABLE PER PERSON	PER ACCIDENT
				\$	\$
				\$	\$
				\$	\$
				\$	\$

LOSS HISTORY					ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? Y/N <input type="checkbox"/> IF YES, INDICATE BELOW		APPLICANT'S INITIALS:	
LINE OF BUSINESS	LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y/N)	
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y/N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				<input type="checkbox"/>
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
2. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Not applicable in MO)				<input type="checkbox"/>
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?				<input type="checkbox"/>
4. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?				<input type="checkbox"/>
5. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				<input type="checkbox"/>
6. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, ETC), NOT SCHEDULED ON THIS POLICY?				<input type="checkbox"/>
YEAR	MAKE	MODEL	BODY TYPE	
7. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH 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 (1) year of imprisonment.)				<input type="checkbox"/>

**ADDITIONAL INTEREST**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE					ITEM DESCRIPTION:	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE					ITEM DESCRIPTION:	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE					ITEM DESCRIPTION:	



**REMARKS**

**AGENCY CUSTOMER ID:** \_\_\_\_\_

**BINDER/SIGNATURE**

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:  THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.  THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

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 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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# RESIDENTIAL SECTION

DATE (MM/DD/YYYY)

AGENCY				NAMED INSURED			
POLICY NUMBER							
CARRIER			NAIC CODE				
INSURANCE REQUESTED	HOMEOWNERS	DWELLING FIRE	MOBILE HOME	PAYOR:		DATE AGENT LAST INSPECTED PROPERTY	
ENTER FORM NUMBER OR CHECK BOX		FIRE & EC	BROAD	APPLICANT	<input type="checkbox"/> MORTGAGEE		
FORM #:	FIRE	FIRE, EC & VMM	SPECIAL				

RATING / UNDERWRITING							
CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND	PROTECTION DEVICE TYPE		DISTANCE TO	
MASONRY VENEER			<input type="checkbox"/> EXCELLENT	SYSTEM	SMOKE	TEMP	BURGLAR
FIRE RESISTIVE		BUILDERS RISK	<input type="checkbox"/> GOOD	CENTRAL			
FRAME		RENOVATION	<input type="checkbox"/> AVERAGE	DIRECT			
MASONRY		RECONSTRUCTION	<input type="checkbox"/> BELOW AVERAGE	LOCAL			
MFG HOME		USAGE TYPE	DISTANCE TO TIDAL WATER	DOOR LOCK	SPRINKLER		TERRITORY
STEEL		PRIMARY	<input type="checkbox"/> Miles <input type="checkbox"/> Feet	DEADBOLT	<input type="checkbox"/> PARTIAL		FIRE PREM GROUP
POURED CONCRETE		SECONDARY	PURCHASE PRICE	SPRING	<input type="checkbox"/> FULL		PERS LIAB TERR
LOG		SEASONAL	\$	FIRE EXTINGUISHER (Y/N):		<input type="checkbox"/>	EC PREM GROUP
SIDING	%	FARM	PURCHASE DATE	FIRE DISTRICT NAME			PROT CLASS
ALUMINUM SIDING				FIRE DIST CODE			FIRE/ EC RATE
STUCCO		OCCUPANCY	WIRING	ELECTRICAL SYSTEMS		DATE HEATING SYSTEM LAST SERVICED:	
VINYL SIDING / PLASTIC		OWNER	<input type="checkbox"/> COPPER	<input type="checkbox"/> CIRCUIT BREAKERS	PRIMARY HEAT		<input type="checkbox"/> NONE
CEDAR, WOOD, SHINGLE		TENANT	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> FUSES	SECONDARY HEAT		<input type="checkbox"/> NONE
EIFSCB (on cinder block)		UNOCCUPIED	<input type="checkbox"/> KNOB & TUBE	NUMBER OF AMPS			
EIFSS (on studs)		VACANT	LAST INSPECTED DATE				
YEAR EIFS INSTALLED:			SECURITY	VISIBLE FROM ROAD	VISIBLE TO NEIGHBORS	OCCUPIED DAILY	

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING									
YEAR BUILT	# ROOMS	RESIDENCE TYPE	DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR	
MARKET VALUE	# APARTMENTS	<input type="checkbox"/> DWELLING	<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS	WIRING				
\$		<input type="checkbox"/> APARTMENT	<input type="checkbox"/> IN FIRE DISTRICT	<input type="checkbox"/> SPECIFIC	PLUMBING				
REPLACEMENT COST	# FAMILIES	<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> IN PROT SUBURB	FOUNDATION		HEATING			
\$		<input type="checkbox"/> TOWNHOUSE	WIND CLASS	<input type="checkbox"/> OPEN	ROOFING				
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS	<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> CLOSED	EXTERIOR PAINT				
SQ FT		<input type="checkbox"/> CO-OP	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> NONE	PLUMBING CONDITION				
BASEMENT AREA	# WEEKS RENTED	<input type="checkbox"/> MOBILE HOME	WINDSTORM			<input type="checkbox"/> EXCELLENT			
SQ FT		SWIMMING POOL	STORM SHUTTERS	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> GOOD			
GARAGE AREA	TAX CODE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> HURRICANE RESISTIVE GLASS			<input type="checkbox"/> AVERAGE			
SQ FT		<input type="checkbox"/> IN GROUND	FUEL STORAGE TANK LOCATION	NONE		<input type="checkbox"/> BELOW AVERAGE			
BREEZEWAY AREA	BLDG CODE GRADE	<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR			<input type="checkbox"/> ANY KNOWN LEAKS? (Y/N)	<input type="checkbox"/>		
SQ FT		<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR			ROOF CONDITION			
FIREPLACES (Enter #)	INSPECTED (Y/N): <input type="checkbox"/>	<input type="checkbox"/> SLIDE	<input type="checkbox"/> OUTDOORS ABOVE GROUND			<input type="checkbox"/> EXCELLENT			
<input type="checkbox"/> CHIMNEYS		<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> OUTDOORS BELOW GROUND			<input type="checkbox"/> GOOD			
<input type="checkbox"/> HEARTHES		<input type="checkbox"/> OFF PREMISE THEFT EXCL	<input type="checkbox"/> FUEL LINE LOCATION			<input type="checkbox"/> AVERAGE			
<input type="checkbox"/> PRE-FAB	RATING CREDITS		<input type="checkbox"/> UNDER GROUND	<input type="checkbox"/> THROUGH FOUNDATION			<input type="checkbox"/> BELOW AVERAGE		
<input type="checkbox"/> WOOD STOVE INSERT	<input type="checkbox"/> NON-SMOKER						ROOF MATERIAL		
	<input type="checkbox"/> MANNED SECURITY								

**REMARKS**

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**MOBILE HOME RATING / UNDERWRITING**

NEW (Y/N) <input type="checkbox"/>	YEAR	MAKE: MODEL:	LENGTH FT	DOUBLEWIDE (Y/N): SKIRTED (Y/N):	MOBILE HOME PARK NAME
ID NUMBER			WIDTH FT	# OF BEDROOMS	DATE PARK ESTABLISHED
TIE DOWN <input type="checkbox"/>	NONE <input type="checkbox"/>	PERMANENT CONNECTION TO ELECTRICITY WATER SEWER	COOKING LOCATION END MIDDLE NONE	FOUNDATION CONSTRUCTION CONTINUOUS MASONRY POST & PIER	# OF PERMANENT SPACES IN PARK
FULL <input type="checkbox"/>	CHASSIS ONLY <input type="checkbox"/>				CONSECUTIVE MONTHS OCCUPIED EACH YEAR:
OVERTOP ONLY <input type="checkbox"/>					

**COVERAGES / LIMITS OF LIABILITY**

COVERAGES	LIMITS	PREMIUM	DEDUCTIBLES	TYPE	AMOUNT	PERCENT
DWELLING	\$	\$	BASE			%
OTHER STRUCTURES	\$	\$	WIND / HAIL			%
PERSONAL PROPERTY	\$	\$	THEFT			%
LOSS OF USE	\$	\$	NAMED HURRICANE*			%
BLANKET ( Includes Dwelling, Other Structures, Personal Property, Loss of Use)	\$	\$	ANNUAL HURRICANE*			%
RENTAL VALUE (Dwelling Fire Only)	\$	\$				%
ADDITIONAL EXPENSE (Dwelling Fire Only)	\$	\$				%
PERSONAL LIABILITY EA OCC	\$	\$				%
MEDICAL PAYMENTS EA PER	\$	\$				%

**OPTIONAL COVERAGES - ENDORSEMENTS**

\* Not Applicable in North Carolina

COVERAGE TYPE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:						\$
	LOC #:	TERR:					\$
	LOC #:	TERR:					\$
	LOC #:	TERR:					\$
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:			MED PAY (Y/N):			\$
	LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
	LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
	LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
BUILDERS RISK ONLY							\$
THEFT OF BUILDING MATERIALS	<input type="checkbox"/>	INCLUDED					\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/>	INCLUDED					\$
BUILDING ORDINANCE OR LAW COVERAGE	\$	AGG	\$	INCREASED			\$
	<input type="checkbox"/>	INCLUDED		% REBUILD			\$
BUSINESS PROPERTY AT HOME		INCLUDED	\$	LIMIT			\$
BUS PROP AWAY FROM HOME		INCLUDED	\$	LIMIT			\$
DEBRIS REMOVAL		INCLUDED	\$	LIMIT			\$
EARTHQUAKE		% DED	TERR:				\$
	\$	DED	RETROFIT TYPE:				\$
			MASONRY VENEER: %				\$
EMPLOYERS LIABILITY	\$	LIMIT	# OF EMPLOYEES:				\$
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/>	INCLUDED					\$
FLOOD	\$	BLDG	\$	CONTENTS			\$
FUNGUS AND MOLD	<input type="checkbox"/>	EXCL LIABILITY	\$	PROPERTY			\$
	<input type="checkbox"/>	EXCL PROP DAMAGE	\$	LIABILITY			\$
GOLF CARTS - LIABILITY	<input type="checkbox"/>	INCLUDED	# GOLF CARTS:				\$
		DESCRIPTION:					\$
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT					\$
IDENTITY FRAUD EXPENSE COV	<input type="checkbox"/>	INCLUDED					\$
INCIDENTAL FARMING PERS LIAB		MEDICAL PAYMENTS (Y/N):					\$
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN VEHICLE	\$	TOTAL	\$	INCREASED			\$

**OPTIONAL COVERAGES - ENDORSEMENTS (continued)**

COVERAGE TYPE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS	\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY	\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES	\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE	\$	TOTAL	\$	INCREASED			\$
INFLATION GUARD		% INCREASE					\$
LOSS ASSESSMENT	\$	LIMIT					\$
MINE SUBSIDENCE	\$	LIMIT	CONST MATERIAL: PROP DESC:				\$
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		REQUIRES INCR CONTENTS	TERR:	MED PAY (Y/N):			\$
		INCR CONT NOT REQUIRED	STRUCT TYPE	BUS/STRUCT DESC			
	\$	OT. STRUCTS					
OTHER STRUCTURES - INDIVIDUAL STRUCTURE	\$	LIMIT	STRUCT DESC:				\$
PLANTS, SHRUBS & TREES		INCLUDED	\$	LIMIT			\$
REFRIGERATED FOOD PRODUCTS		INCLUDED	\$	LIMIT			\$
REPLACEMENT COST - FULL VALUE		INCLUDED		% MAX			\$
REPLACEMENT COST - DWELLING		INCLUDED					\$
REPLACEMENT COST - CONTENTS		INCLUDED					\$
SINK HOLE COLLAPSE		INCLUDED					\$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	\$	INCREASED			\$
WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
WATERCRAFT LIABILITY	\$	LIMIT					\$
WATERCRAFT PHYSICAL DAMAGE	\$	LIMIT					\$
WINDSTORM EXCLUSION (Not applicable in Arkansas)	<input type="checkbox"/>	YES					\$
WORKERS COMPENSATION - FULL TIME INSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:					\$
WORKERS COMPENSATION - INCIDENTAL (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:					\$
WORKERS COMPENSATION - PART TIME OUTSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:					\$
COVERAGE DESCRIPTION	\$	LIMIT 1	APPLIES TO:				\$
	\$	LIMIT 2	APPLIES TO:				
		DED	DED TYPE:				
CODE	TERR	OPTIONS			Y/N		
COVERAGE DESCRIPTION	\$	LIMIT 1	APPLIES TO:				\$
	\$	LIMIT 2	APPLIES TO:				
		DED	DED TYPE:				
CODE	TERR	OPTIONS			Y/N		
COVERAGE DESCRIPTION	\$	LIMIT 1	APPLIES TO:				\$
	\$	LIMIT 2	APPLIES TO:				
		DED	DED TYPE:				
CODE	TERR	OPTIONS			Y/N		
COVERAGE DESCRIPTION	\$	LIMIT 1	APPLIES TO:				\$
	\$	LIMIT 2	APPLIES TO:				
		DED	DED TYPE:				
CODE	TERR	OPTIONS			Y/N		



**GENERAL INFORMATION - MOBILE HOME**

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES MOBILE HOME PARK HAVE A RESIDENT MANAGER? MANAGER'S NAME: _____ PHONE (A/C,No): _____	<input type="checkbox"/>
2. DOES MOBILE HOME PARK HAVE LIMITED ACCESS?	<input type="checkbox"/>
3. DOES MOBILE HOME PARK HAVE SUBDIVISIONS?	<input type="checkbox"/>
4. ARE ROADS UNPAVED IN THE MOBILE HOME PARK?	<input type="checkbox"/>

**REMARKS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

*SERFF Tracking Number:* ACPC-125758889                      *State:* Arkansas  
*Filing Company:* ACORD Corporation                      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* ACORD 2008-2 (HO)  
*TOI:* 04.0 Homeowners                      *Sub-TOI:* 04.0005 Other Homeowners  
*Product Name:* Personal Insurance Application & Residential Section  
*Project Name/Number:* AR FILING 08-04-08: ACORD 88 (2007/11) & 89 (2007/11)/3 AR: ACORD 88 (2007/11) & ACORD 89 (2007/11)

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ACPC-125758889 State: Arkansas  
Filing Company: ACORD Corporation State Tracking Number: EFT \$50  
Company Tracking Number: ACORD 2008-2 (HO)  
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners  
Product Name: Personal Insurance Application & Residential Section  
Project Name/Number: AR FILING 08-04-08: ACORD 88 (2007/11) & 89 (2007/11)/3 AR: ACORD 88 (2007/11) & ACORD 89 (2007/11)

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 08/13/2008

**Comments:**

ACORD 88 (2007/11) & ACORD 89 (2007/11) Property & Casualty Transmittal - PC TD-1 & Form Filing Schedule FFS-1: ACORD 2008-2 (HO)

**Attachment:**

P&C Transmittal 2008-2 (HO).pdf

**Satisfied -Name:** ACORD 88 (2007/11) & ACORD 89  
(2007/11) ACORD Cover Letter:  
ACORD 2008-2 (HO) **Review Status:** Approved 08/13/2008

**Comments:**

ACORD 88 (2007/11) & ACORD 89 (2007/11) ACORD Cover Letter: ACORD 2008-2 (HO)

**Attachment:**

Letter 2008-2 (HO).doc

**Satisfied -Name:** ACORD 88 (2007/11) & ACORD 89  
(2007/11) Arkansas Certificate of  
Compliance: ACORD 2008-2 (HO) **Review Status:** Approved 08/13/2008

**Comments:**

ACORD 88 (2007/11) & ACORD 89 (2007/11) Arkansas Certificate of Compliance: ACORD 2008-2 (HO)

**Attachment:**

Certification 2008-2 (HO).pdf

**Satisfied -Name:** ACORD 88 (2007/11) & ACORD 89  
(2007/11) Explanation of Changes:  
ACORD 2008-2 (HO) **Review Status:** Approved 08/13/2008

**Comments:**

ACORD 88 (2007/11) & ACORD 89 (2007/11) Explanation of Changes: ACORD 2008-2 (HO)

*SERFF Tracking Number:* ACPC-125758889                      *State:* Arkansas  
*Filing Company:* ACORD Corporation                      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* ACORD 2008-2 (HO)  
*TOI:* 04.0 Homeowners                      *Sub-TOI:* 04.0005 Other Homeowners  
*Product Name:* Personal Insurance Application & Residential Section  
*Project Name/Number:* AR FILING 08-04-08: ACORD 88 (2007/11) & 89 (2007/11)/3 AR: ACORD 88 (2007/11) & ACORD 89 (2007/11)

**Attachments:**

88.pdf

89.pdf

SERFF Tracking Number: ACPC-125758889 State: Arkansas  
Filing Company: ACORD Corporation State Tracking Number: EFT \$50  
Company Tracking Number: ACORD 2008-2 (HO)  
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners  
Product Name: Personal Insurance Application & Residential Section  
Project Name/Number: AR FILING 08-04-08: ACORD 88 (2007/11) & 89 (2007/11)/3 AR: ACORD 88 (2007/11) & ACORD 89 (2007/11)

**Review Status:**

**Satisfied -Name:** ACORD 88 (2007/11) & ACORD 89 (2007/11) ACORD Form: ACORD 2008-2 (HO) 08/01/2008

**Comments:**

ACORD 88 (2007/11) & ACORD 89 (2007/11) ACORD Form: ACORD 2008-2 (HO)

**Attachments:**

88.pdf

89.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
-----------------------------------	--

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
------------	--------------------------------------------------------------	--

<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	------------------------------------------------------------------------------------------------------------------------

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Check #:**  
**Amount:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--------------------------------------------------------------	--

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
-----------	---------------------------------------------------------------------------------------------------------------------------	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



August 4, 2008

Ms. Alexa Grissom  
Senior Rate and Forms Analyst  
Property and Casualty Division  
Arkansas Insurance Department  
1200 West Third St.  
Little Rock, Arkansas 72201-1904

**Re: ACORD Forms Filing 2008-2 (HO)**  
**ACORD 88 (2007/11) Personal Insurance Application**  
**ACORD 89 (2007/11) Residential Section**

Dear Ms. Grissom:

As a licensed Advisory Organization (# 8977), we hereby file two (2) new forms.

Attached are the following:

1. Copies of Form PC TD-1, P&C Transmittal Document
2. Copies of Form PC FFS-1, Form Filing Synopsis
3. Arkansas Certificate of Compliance
4. One copy of each of the applications being filed
5. An explanation of the use of each form
6. One \$50.00 filing fee

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail [jvolker@acord.org](mailto:jvolker@acord.org), if you need anything further.

Sincerely,

Joel V. Volker  
Staff Counsel

JVV:etb

Enclosures

**New York**

Two Blue Hill Plaza  
3rd Floor  
PO Box 1529  
Pearl River, NY 10965-8529  
U.S.A.

Tel +1 845 620 1700  
Fax +1 845 620 3600

**London**

London Underwriting Centre  
Suite 1/3  
3 Minster Court  
Mincing Lane  
London EC3R 7DD  
United Kingdom

Tel +44 (0)20 7617 6400  
Fax +44 (0)20 7617 6401



**ACORD 88 (2007/11), PERSONAL INSURANCE APPLICATION,  
NEW FORM**

**EXPLANATION OF USE**

This form must be used as the base form to apply for personal insurance coverage.

**ACORD 89 (2007/11), RESIDENTIAL SECTION,  
NEW FORM**

**EXPLANATION OF USE**

Use this form to apply for building or personal property insurance on all residences including mobile homes. This form must be used with ACORD 88, Personal Insurance Application.



# PERSONAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY				NAMED INSURED				
CONTACT NAME:				CARRIER			NAIC CODE	
PHONE (A/C. No. Ext):								
FAX (A/C. No.):								
E-MAIL ADDRESS:				POLICY NUMBER				
CODE:		SUBCODE:		PLAN		FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE
AGENCY CUSTOMER ID:								

STATUS OF TRANSACTION				INDICATE SECTIONS ATTACHED			
<input type="checkbox"/>	NEW	POLICY CHANGE EFFECTIVE DATE	TIME		AM	PERSONAL AUTO (90)	WATERCRAFT (82)
<input type="checkbox"/>	RENEW				PM	PERSONAL INLAND MARINE (81)	
<input type="checkbox"/>	POLICY CHANGE					PERSONAL UMBRELLA (83)	
<input type="checkbox"/>						RESIDENTIAL (89)	

APPLICANT INFORMATION				
APPLICANT'S NAME (First, Middle, Last)			APPLICANT'S MAILING ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:		
PREVIOUS ADDRESS			SECONDARY E-MAIL ADDRESS:	
			DATE AT CURRENT RESIDENCE	YEARS AT PREVIOUS ADDRESS (if less than three years): _____
			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)	
CO-APPLICANT'S NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:		
CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			SECONDARY E-MAIL ADDRESS:	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS

LOCATION SCHEDULE / GARAGING LOCATION					
LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE		NO PRIOR COVERAGE			
LINE OF BUSINESS	PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	BI OR CSL LIMIT(S) IF APPLICABLE PER PERSON	PER ACCIDENT
				\$	\$
				\$	\$
				\$	\$
				\$	\$

LOSS HISTORY					ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? Y/N <input type="checkbox"/> IF YES, INDICATE BELOW		APPLICANT'S INITIALS:	
LINE OF BUSINESS	LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y/N)	
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				<input type="checkbox"/>
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
2. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Not applicable in MO)				<input type="checkbox"/>
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?				<input type="checkbox"/>
4. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?				<input type="checkbox"/>
5. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				<input type="checkbox"/>
6. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, ETC), NOT SCHEDULED ON THIS POLICY?				<input type="checkbox"/>
YEAR	MAKE	MODEL	BODY TYPE	
7. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH 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 (1) year of imprisonment.)				<input type="checkbox"/>

**ADDITIONAL INTEREST**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE					ITEM DESCRIPTION:	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE					ITEM DESCRIPTION:	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE					ITEM DESCRIPTION:	



**REMARKS**

**AGENCY CUSTOMER ID:** \_\_\_\_\_

**BINDER/SIGNATURE**

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:  THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.  THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

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 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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# RESIDENTIAL SECTION

DATE (MM/DD/YYYY)

AGENCY				NAMED INSURED			
POLICY NUMBER							
CARRIER			NAIC CODE				
INSURANCE REQUESTED	HOMEOWNERS	DWELLING FIRE	MOBILE HOME	PAYOR:		DATE AGENT LAST INSPECTED PROPERTY	
ENTER FORM NUMBER OR CHECK BOX		FIRE & EC	BROAD	APPLICANT	<input type="checkbox"/> MORTGAGEE		
FORM #:	FIRE	FIRE, EC & VMM	SPECIAL				

RATING / UNDERWRITING									
CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND	PROTECTION DEVICE TYPE				DISTANCE TO	
				SYSTEM	SMOKE	TEMP	BURGLAR	FIRE HYDRANT	FIRE STATION
MASONRY VENEER			<input type="checkbox"/> EXCELLENT	CENTRAL				FT	MI
FIRE RESISTIVE		BUILDERS RISK	<input type="checkbox"/> GOOD	DIRECT			# FIRE DIVISIONS	# UNITS FIRE DIV	
FRAME		RENOVATION	<input type="checkbox"/> AVERAGE	LOCAL					
MASONRY		RECONSTRUCTION	<input type="checkbox"/> BELOW AVERAGE	DOOR LOCK		SPRINKLER		TERRITORY	FIRE PREM GROUP
MFG HOME		USAGE TYPE	DISTANCE TO TIDAL WATER	<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL			PERS LIAB TERR	EC PREM GROUP
STEEL		PRIMARY	<input type="checkbox"/> Miles <input type="checkbox"/> Feet	<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL			PROT CLASS	FIRE/ EC RATE
POURED CONCRETE		SECONDARY	PURCHASE PRICE	FIRE EXTINGUISHER (Y/N):		<input type="checkbox"/>			
LOG		SEASONAL	PURCHASE DATE	FIRE DISTRICT NAME		FIRE DIST CODE			
SIDING	%	FARM		ELECTRICAL SYSTEMS		DATE HEATING SYSTEM LAST SERVICED:			
ALUMINUM SIDING		OCCUPANCY	WIRING	<input type="checkbox"/> CIRCUIT BREAKERS	PRIMARY HEAT		<input type="checkbox"/>	NONE	
STUCCO		OWNER	<input type="checkbox"/> COPPER	<input type="checkbox"/> FUSES	SECONDARY HEAT		<input type="checkbox"/>	NONE	
VINYL SIDING / PLASTIC		TENANT	<input type="checkbox"/> ALUMINUM	NUMBER OF AMPS					
CEDAR, WOOD, SHINGLE		UNOCCUPIED	<input type="checkbox"/> KNOB & TUBE	VISIBILITY					
EIFSCB (on cinder block)		VACANT	LAST INSPECTED DATE	VISIBLE FROM ROAD	VISIBLE TO NEIGHBORS	OCCUPIED DAILY			
EIFSS (on studs)									
YEAR EIFS INSTALLED:			SECURITY						

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING									
YEAR BUILT	# ROOMS	RESIDENCE TYPE	DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR	
MARKET VALUE	# APARTMENTS	<input type="checkbox"/> DWELLING	<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS	WIRING				
\$		<input type="checkbox"/> APARTMENT	<input type="checkbox"/> IN FIRE DISTRICT	<input type="checkbox"/> SPECIFIC	PLUMBING				
REPLACEMENT COST	# FAMILIES	<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> IN PROT SUBURB	FOUNDATION		HEATING			
\$		<input type="checkbox"/> TOWNHOUSE	WIND CLASS	<input type="checkbox"/> OPEN	ROOFING				
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS	<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> CLOSED	EXTERIOR PAINT				
SQ FT		<input type="checkbox"/> CO-OP	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> NONE	PLUMBING CONDITION				
BASEMENT AREA	# WEEKS RENTED	<input type="checkbox"/> MOBILE HOME	WINDSTORM			<input type="checkbox"/> EXCELLENT			
SQ FT		SWIMMING POOL	STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/>			<input type="checkbox"/> GOOD			
GARAGE AREA	TAX CODE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> HURRICANE RESISTIVE GLASS			<input type="checkbox"/> AVERAGE			
SQ FT		<input type="checkbox"/> IN GROUND	FUEL STORAGE TANK LOCATION	NONE	ROOF CONDITION	<input type="checkbox"/> BELOW AVERAGE			
BREEZEWAY AREA	BLDG CODE GRADE	<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR			<input type="checkbox"/> ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>			
SQ FT		<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR			<input type="checkbox"/> EXCELLENT			
FIREPLACES (Enter #)	INSPECTED (Y/N): <input type="checkbox"/>	<input type="checkbox"/> SLIDE	<input type="checkbox"/> OUTDOORS ABOVE GROUND			<input type="checkbox"/> GOOD			
<input type="checkbox"/> CHIMNEYS		LIGHTNING PROTECTION	<input type="checkbox"/> OUTDOORS BELOW GROUND			<input type="checkbox"/> AVERAGE			
<input type="checkbox"/> HEARTHES		OFF PREMISE THEFT EXCL	<input type="checkbox"/> FUEL LINE LOCATION			<input type="checkbox"/> BELOW AVERAGE			
<input type="checkbox"/> PRE-FAB	RATING CREDITS		<input type="checkbox"/> UNDER GROUND	<input type="checkbox"/> THROUGH FOUNDATION			ROOF MATERIAL		
<input type="checkbox"/> WOOD STOVE INSERT	<input type="checkbox"/> NON-SMOKER								
	<input type="checkbox"/> MANNED SECURITY								

**REMARKS**

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**MOBILE HOME RATING / UNDERWRITING**

NEW (Y/N) <input type="checkbox"/>	YEAR	MAKE: MODEL:	LENGTH FT	DOUBLEWIDE (Y/N): SKIRTED (Y/N):	MOBILE HOME PARK NAME
ID NUMBER			WIDTH FT	# OF BEDROOMS	DATE PARK ESTABLISHED
TIE DOWN <input type="checkbox"/>	NONE <input type="checkbox"/>	PERMANENT CONNECTION TO ELECTRICITY WATER SEWER	COOKING LOCATION END MIDDLE NONE	FOUNDATION CONSTRUCTION CONTINUOUS MASONRY POST & PIER	# OF PERMANENT SPACES IN PARK
FULL <input type="checkbox"/>	CHASSIS ONLY <input type="checkbox"/>	OVERTOP ONLY <input type="checkbox"/>			CONSECUTIVE MONTHS OCCUPIED EACH YEAR:

**COVERAGES / LIMITS OF LIABILITY**

COVERAGES	LIMITS	PREMIUM	DEDUCTIBLES	TYPE	AMOUNT	PERCENT
DWELLING	\$	\$	BASE			%
OTHER STRUCTURES	\$	\$	WIND / HAIL			%
PERSONAL PROPERTY	\$	\$	THEFT			%
LOSS OF USE	\$	\$	NAMED HURRICANE*			%
BLANKET ( Includes Dwelling, Other Structures, Personal Property, Loss of Use)	\$	\$	ANNUAL HURRICANE*			%
RENTAL VALUE (Dwelling Fire Only)	\$	\$				%
ADDITIONAL EXPENSE (Dwelling Fire Only)	\$	\$				%
PERSONAL LIABILITY EA OCC	\$	\$				%
MEDICAL PAYMENTS EA PER	\$	\$				%

**OPTIONAL COVERAGES - ENDORSEMENTS**

\* Not Applicable in North Carolina

COVERAGE TYPE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:						\$
	LOC #:	TERR:					\$
	LOC #:	TERR:					\$
	LOC #:	TERR:					\$
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:			MED PAY (Y/N):			\$
	LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
	LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
	LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
BUILDERS RISK ONLY							\$
THEFT OF BUILDING MATERIALS	<input type="checkbox"/> INCLUDED						\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED						\$
BUILDING ORDINANCE OR LAW COVERAGE	\$	AGG	\$	INCREASED			\$
		INCLUDED		% REBUILD			\$
BUSINESS PROPERTY AT HOME	INCLUDED		\$	LIMIT			\$
BUS PROP AWAY FROM HOME	INCLUDED		\$	LIMIT			\$
DEBRIS REMOVAL	INCLUDED		\$	LIMIT			\$
EARTHQUAKE	% DED		TERR:				\$
	\$ DED		RETROFIT TYPE:				\$
			MASONRY VENEER: %				\$
EMPLOYERS LIABILITY	\$	LIMIT	# OF EMPLOYEES:				\$
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED						\$
FLOOD	\$	BLDG	\$	CONTENTS			\$
FUNGUS AND MOLD	EXCL LIABILITY		\$	PROPERTY			\$
	EXCL PROP DAMAGE		\$	LIABILITY			\$
GOLF CARTS - LIABILITY	INCLUDED		# GOLF CARTS:				\$
	DESCRIPTION:						\$
GOLF CARTS - PHYSICAL DAMAGE	\$		LIMIT				\$
IDENTITY FRAUD EXPENSE COV	<input type="checkbox"/> INCLUDED						\$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):						\$
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN VEHICLE	\$	TOTAL	\$	INCREASED			\$

**OPTIONAL COVERAGES - ENDORSEMENTS (continued)**

COVERAGE TYPE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS	\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY	\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES	\$	TOTAL	\$	INCREASED			\$
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE	\$	TOTAL	\$	INCREASED			\$
INFLATION GUARD		% INCREASE					\$
LOSS ASSESSMENT	\$	LIMIT					\$
MINE SUBSIDENCE	\$	LIMIT	CONST MATERIAL: PROP DESC:				\$
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	<input type="checkbox"/>	REQUIRES INCR CONTENTS	TERR:	MED PAY (Y/N):			\$
	<input type="checkbox"/>	INCR CONT NOT REQUIRED	STRUCT TYPE	BUS/STRUCT DESC			
	\$	OT. STRUCTS					
OTHER STRUCTURES - INDIVIDUAL STRUCTURE	\$	LIMIT	STRUCT DESC:				\$
PLANTS, SHRUBS & TREES	<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
REPLACEMENT COST - FULL VALUE	<input type="checkbox"/>	INCLUDED		% MAX			\$
REPLACEMENT COST - DWELLING	<input type="checkbox"/>	INCLUDED					\$
REPLACEMENT COST - CONTENTS	<input type="checkbox"/>	INCLUDED					\$
SINK HOLE COLLAPSE	<input type="checkbox"/>	INCLUDED					\$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	\$	INCREASED			\$
WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/>	INCLUDED	\$	LIMIT			\$
WATERCRAFT LIABILITY	\$	LIMIT					\$
WATERCRAFT PHYSICAL DAMAGE	\$	LIMIT					\$
WINDSTORM EXCLUSION	<input type="checkbox"/>	YES					\$
WORKERS COMPENSATION - FULL TIME INSERVANT <small>(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)</small>		# OF EMPLOYEES:					\$
WORKERS COMPENSATION - INCIDENTAL <small>(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)</small>		# OF EMPLOYEES:					\$
WORKERS COMPENSATION - PART TIME OUTSERVANT <small>(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)</small>		# OF EMPLOYEES:					\$
COVERAGE DESCRIPTION	\$	LIMIT 1	APPLIES TO:				\$
	\$	LIMIT 2	APPLIES TO:				
		DED	DED TYPE:				
CODE	TERR	OPTIONS			Y/N		
COVERAGE DESCRIPTION	\$	LIMIT 1	APPLIES TO:				\$
	\$	LIMIT 2	APPLIES TO:				
		DED	DED TYPE:				
CODE	TERR	OPTIONS			Y/N		
COVERAGE DESCRIPTION	\$	LIMIT 1	APPLIES TO:				\$
	\$	LIMIT 2	APPLIES TO:				
		DED	DED TYPE:				
CODE	TERR	OPTIONS			Y/N		
COVERAGE DESCRIPTION	\$	LIMIT 1	APPLIES TO:				\$
	\$	LIMIT 2	APPLIES TO:				
		DED	DED TYPE:				
CODE	TERR	OPTIONS			Y/N		



**GENERAL INFORMATION - MOBILE HOME**

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES MOBILE HOME PARK HAVE A RESIDENT MANAGER? MANAGER'S NAME: _____ PHONE (A/C,No): _____	<input type="checkbox"/>
2. DOES MOBILE HOME PARK HAVE LIMITED ACCESS?	<input type="checkbox"/>
3. DOES MOBILE HOME PARK HAVE SUBDIVISIONS?	<input type="checkbox"/>
4. ARE ROADS UNPAVED IN THE MOBILE HOME PARK?	<input type="checkbox"/>

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