



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

06/11/09

AGENCY	PHONE (A/C, No., Ext.): (540) 962-5995 FAX (A/C, No.): 540-962-8443	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP + 4) sample	NAIC CODE	FACILITY CODE
GERALD FRANSON INSURANCE AGENCY, INC. 101 N. MAPLE AVE. COVINGTON VA 24426 PHONE# (540) 962-5995 FAX# 540-962-8443 LICENSE: SUB-CODE			POLICY # TBA	
CODE:	SUB-CODE	DATE AT CUR RES	CO/PLAN	HOME PHONE #
AGENCY CUSTOMER ID	15460	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #
				DAY EVE DAY EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR.	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & zip)
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS IN CURR OCC YRS W/ PRIOR EMPL DATE OF BIRTH SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS IN CURR OCC YRS W/ PRIOR EMPL DATE OF BIRTH SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY

PREMIUM

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$
	\$	\$	\$	\$	\$	\$	DEPOSIT	\$
							BALANCE	\$
DED (Type & Amount)	ALL PERIL	WIND/HAIL	THEFT	EARTHQUAKE				
	NAMED HURRICANE *	ANNUAL HURRICANE *						

* Not Applicable In NC

ENDORSEMENTS - See Page 4

PAYMENT PLAN ☐ ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #	MAIL POLICY TO:
BILLING	AGENT
<input checked="" type="checkbox"/> DIRECT BILL	APPLICANT
IF DIRECT BILL:	
<input type="checkbox"/> BILL APPLICANT	
IF APPLICANT BILL:	
<input type="checkbox"/> FULL PAY	
AGENCY BILL	0

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAM-ILI	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	VINYL SIDING			\$	DWELLING	PRIMARY	COC			
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE.			
FIRE RES				\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	UNITS IN FIRE DIV	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	
					FT	SYSTEM	SMOKE	TEMP	BURGLAR	
					MI	CENTRAL				
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER					DIRECT			HOUSEKEEPING CONDITION	
						LOCAL				
DATE HEATING SYSTEM LAST SERVED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		YES NO	YES NO	YES NO		YES NO	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	DEAD BOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES					
WITHIN CITY LIMITS	OWNER	UNOCC	INDOORS	APPROVED FENCE						
WITHIN FIRE DIST	TENANT	VACANT	OUTDOORS	DIVING BOARD						
WITHIN PROT SUBURB			ABOVE GROUND ON MASONRY FLOOR	SLIDE						
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES NO		CLASS SPEC	YES NO		RESISTIVE	OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED										
BASMENT	GARAGE	BREEZEWAY	RATING CREDITS	MANAGED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)				
SQ FT	SQ FT	SQ FT	NON-SMOKER		PARTIAL	0 CHIMNEYS	0 PRE-FAB WOOD STOVE INSERT			
			LIGHTNING PROTECTION		FULL	0 HEARTHES	0			

GENERAL INFORMATION

EXPLAIN ALL "YES" REPOSSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" REPOSSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			14. 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 CRIM 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.)		
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)					
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?				RENTERS AND CONDOS ONLY:	
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			15. IS THERE A MANAGER ON THE PREMISES?		
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			16. IS THERE A SECURITY ATTENDANT?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			17. IS THE BUILDING ENTRANCE LOCKED?		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)			18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			19. IS HOUSE FOR SALE?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			20. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
10. DISTANCE TO TIDAL WATER: _____ Miles _____ Feet			21. IS THERE A TRAMPOLINE ON THE PREMISES?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			22. WAS THE STUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type make, model)			24. ANY LEAD PAINT HAZARD?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (if applicable)			24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, Third Party and limit)		
			19. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
			26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		

PRIOR COVERAGE

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

ADDITIONAL INTEREST

INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

	STATE SUPPLEMENT(S) (If applicable)
	INLAND MARINE APPLICATION
	REPLACEMENT COST ESTIMATE
	PHOTOGRAPH
	SOLID FUEL SUPPLEMENT
	PROTECTION DEVICE CERTIFICATE
	PERS EXCESS/UMBRELLA APP
	WATERCRAFT APPLICATION
	LEAD FREE PAINT CERTIFICATION
	RESIDENCE BASED BUSINESS SUPPL

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 A.M.		
	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.			
<input type="checkbox"/> 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, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)			
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION 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

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE		COVERAGE INFORMATION						FORM NUMBER	FORM DATE	PREMIUM		
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		\$ LIMIT								\$		
ADDITIONAL PREMISES LIABILITY EXTENSION	LOC #	\$ CONTENTS		TERR:		# PREMISES:				\$		
		ADDRESS										
ADDITIONAL RESIDENCE RENTED TO OTHERS 1 OR 2 FAMILY	LOC #	\$ CONTENTS		TERR:		# FAMILIES:				\$		
		ADDRESS				MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO						
BUILDING ORDINANCE OR LAW COVERAGE		\$		\$ INCREASED		REBUILD PCT:				\$		
ELECTRONIC APPARATUS BUSINESS AND VEHICLE		\$		\$ INCREASED						\$		
ELECTRONIC APPARATUS IN VEHICLE		\$		\$ INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS		\$		\$ INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY		\$		\$ INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES		\$		\$ INCREASED						\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE		\$		\$ INCREASED						\$		
EARTHQUAKE		% DED	TERR:			MASONRY VENEER <input type="checkbox"/> YES <input type="checkbox"/> NO				\$		
		RETROFIT TYPE:										
IDENTITY FRAUD EXPENSE COV		INCLUDED								\$		
FULL VALUE REPLACEMENT COST		INCLUDED								\$		
REPLACEMENT COST - DWELLING		INCLUDED								\$		
REPLACEMENT COST - CONTENTS		INCLUDED								\$		
INCIDENTALS FARMING PERS LIAB		MEDICAL PAYMENTS		<input type="checkbox"/> YES <input type="checkbox"/> NO						\$		
MINE SUBSIDENCE		LIMIT		CONST MATERIAL		PROP DESC				\$		
MOLD		PROPERTY		LIABILITY		EXCL LIABILITY EXCL PROP DAMAGE				\$		
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/> REQUIRES INCR CONTENTS		TERR:		BUS/STRUCT DESC		MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO		\$		
		<input type="checkbox"/> INCR CONT NOT REQUIRED		STRUCT TYPE								
		\$ OT. STRUCTS										
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$ LIMIT		STRUCT DESC:						\$		
WATER BACKUP OF SEWERS & DRAINS		\$ LIMIT		<input type="checkbox"/> INCLUDED						\$		
UNSCHEDULED JEWELRY, WATCHES FURS		\$ AGGREGATE		\$ INCREASED						\$		
WORKERS COMPENSATION - FULL TIME INSERVANT		# OF EMPLOYEES:								\$		
WORKERS COMPENSATION - INCIDENTAL		# OF EMPLOYEES:								\$		
WORKERS COMPENSATION - PART TIME OUTSERVANT		# OF EMPLOYEES:								\$		
CODE	COVERAGE DESCRIPTION	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	TERR	OPTIONS	YES	NO	FORM NUMBER	FORM DATE	PREMIUM
		\$										\$
		\$										\$
		\$										\$
		\$										\$
		\$										\$
		\$										\$
		\$										\$
		\$										\$
		\$										\$

ACORDTM**RESIDENTIAL PROPERTY REPLACEMENT COST
INFORMATION SUPPLEMENT**DATE
(MM/DD/YYYY)
JUN 11 2009

PRODUCER 101 N. MAPLE AVE. COVINGTON VA 24426 PHONE: (540) 962-5995 FAX: 540-962-8443 CODE SUB-CODE: AGENCY CUSTOMER ID 15460	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP + 4) sample		NAIC CODE	FACILITY CODE
			POLICY #	
			TBA	
	CO/PLAN	HOME PHONE #		DAY EVE
EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #		DAY EVE

LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)

GERALD FRANSON INSURANCE AGENCY, INC.

REPLACEMENT COST INFORMATION EVALUATION METHOD:

# STORIES	GROUND FLOOR AREA SQ FT	EXTERIOR WALL MATERIAL	CONSTRUCTION CLASS/TYPE	RESIDENCE CONDITION	AIR CONDITIONING <input type="checkbox"/> HEAT DUCTS <input type="checkbox"/> OTHER: <input type="checkbox"/> SEP DUCTS	\$
ROOF TYPE	\$	BREEZEWAY <input type="checkbox"/> OPEN <input type="checkbox"/> ENCLOSED		FIREPLACE <input type="checkbox"/> CHIM-NEYS <input type="checkbox"/> HEARTH <input type="checkbox"/> PREFAB FIREPLACE	ADDITION TYPE	
FINISHED ATTIC	SQ FT \$	PORCH TYPE <input type="checkbox"/> OPEN <input type="checkbox"/> ENCLOSED		BALCONY/DECK SQ FT \$	TOTAL BUILT-INS VALUE	\$
BASEMENT <input type="checkbox"/> CRAWL <input type="checkbox"/> SLAB SQ FT \$		SCREEN PATIO ENCLOSURE FOUNDATION: SQ FT \$		EXTRA BATHS <input type="checkbox"/> HALF <input type="checkbox"/> FULL \$	LAND IMPROVEMENTS	\$
BASEMENT REC ROOM <input type="checkbox"/> FINISHED <input type="checkbox"/> WALK-OUT SQ FT				GARAGE TYPE # AUTOS: \$	OTHER	\$

ADDITIONAL FEATURES

NO	VALUE	NO	VALUE	
	AIR EXCHANGER	\$	INTERIOR SPRINKLER SYSTEM	\$
	AIR HUMIDIFIER	\$	OVEN (BUILT-IN)	\$
	CARBON MONOXIDE DETECTOR	\$	ROOF EXHAUST FAN	\$
	CEILING FAN	\$	SAUNA	\$
	CENTRAL VACUUM SYSTEM	\$	SECURITY AND FIRE ALARMS	\$
	COUNTERTOP RANGE	\$	SKYLIGHT	\$
	DISHWASHER	\$	SOLID FUEL STOVE	\$
	DOMESTIC SOLAR HOT WATER HEATER	\$	TRASH COMPACTOR	\$
	DRYER (BUILT-IN)	\$	WASHER (BUILT-IN)	\$
	ELECTRONIC AIR FILTER	\$	WATER PURIFICATION SYSTEM	\$
	ELEVATOR	\$	WATER SOFTENER	\$
	HOT TUB (NOT JETTED TUB)	\$	WET BAR	\$
	INTERCOM SYSTEM	\$		\$

REMARKS**ATTACHMENTS**

PHOTOS
BILL OF SALE