

**RHODE ISLAND JOINT REINSURANCE ASSOCIATION
APPLICATION FOR HOMEOWNERS INSURANCE INSPECTION AND PLACEMENT**

RHODE ISLAND JOINT REINSURANCE ASSOCIATION
TWO CENTER PLAZA, BOSTON, MA 02108-1904
PHONE: (617) 723-3800 (800) 851-8978 FAX: (800) 932-6717
VISIT OUR WEB SITE - www.rijra.com

UND INITIALS _____

DATE _____

APPROVED
 REJECTED

THIS APPLICATION IS NOT A BINDER OF INSURANCE

PLEASE TYPE OR PRINT CLEARLY. PROVIDE ALL THE INFORMATION REQUESTED.
SEE ACORD 65 RI FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION.

CHECK, IF APPLYING FOR IMMEDIATE COVERAGE VIA FAX

POLICY #:

1. APPLICANT(S) NAME & MAIL ADDRESS

NAME (AS IT SHOULD APPEAR ON POLICY)

#/STREET

CITY/STATE/ZIP

NAME OF THE PERSON THE INSPECTOR CAN CONTACT FOR INSPECTION OF THE PROPERTY

CONTACT'S HOME TELEPHONE #

CONTACT'S BUSINESS TELEPHONE #

APPLICANT'S OCCUPATION

2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT

NAME OF LICENSED BROKER/AGENT

#/STREET

CITY/STATE/ZIP

TELEPHONE #

FAX #

E-MAIL ADDRESS FOR RIJRA RESPONSE

3. LOCATION OF PROPERTY, IF DIFFERENT FROM ABOVE (ITEM 1)

#/STREET

CITY/STATE/ZIP

PRIMARY RESIDENCE
 SECONDARY RESIDENCE
 SEASONAL RESIDENCE

4. ADDITIONAL INSURED(S)

INTEREST OF ADDITIONAL INSURED(S)
NAME AND ADDRESS

ADD'L INSURED(S) OCCUPIES SEPARATE UNIT(S) IN THE DWELLING YES NO

5. NAME & ADDRESS OF MORTGAGEE(S)(ENCLOSE COPY OF CONTRACT FOR ALL NON-INSTITUTIONAL MORTGAGE HOLDERS)

1.

2.

6. APPLICATION IS MADE FOR THE FOLLOWING COVERAGES & LIMITS OF LIABILITY:

SECTION I

SECTION II

HO FORM	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	DEDUCTIBLE			
							ALL PERILS \$			
APPLICANT IS <input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> TENANT OCCUPANT (HO 4 ONLY)	<input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY	<input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> SUPERIOR	YEAR BUILT	FIRE DISTRICT/TOWN	TERR CODE	PROTECTION CLASS	PREM GROUP	DISTANCE TO HYDRANT	FIRE STATION	
	<input type="checkbox"/> FRAME W/ ALUMINUM OR PLASTIC SIDING							FT	MI	
EST BUILDING REPLACEMENT COST (ASSOCIATION HOME COST ESTIMATOR WORKSHEET REQUIRED) \$	PRESENT MARKET VALUE (EXCLUDING LAND) \$			DATE OF PURCHASE OF REAL PROPERTY		PURCHASE PRICE \$				
# OF FAMILY UNITS IN THE DWELLING (NOT TOWN/ROW HOUSE) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	INDICATE ENDORSEMENT(S), LIMIT(S) & APPLICABLE ADDITIONAL INFORMATION									
IF A TOWN/ROW HOUSE, # OF FAMILY UNITS IN FIRE DIVISION <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-8										
# OF UNITS OWNED BY APPLICANT	IF HO-4, 6 # OF APTS IN THE BLDG									

APPLICANT(S) NAME	POLICY NUMBER
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7. IF IMMEDIATE COVERAGE IS DESIRED, THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.

EFFECTIVE DATE	ANNUAL TENTATIVE PREMIUM \$ _____ <input type="checkbox"/> IF INSTALLMENT PLAN SELECTED CHECK BOX	DOWN-PAYMENT (MINIMUM 25%) \$ _____
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8. PRESENT OR PRIOR INSURER INFORMATION

PRESENT OR PRIOR INSURER	POLICY #	EXPIRATION DATE	COVERAGE A LIMIT \$ _____
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9. GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
A. ANY BUSINESS CONDUCTED ON PREMISES?			K. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?		
B. DOES THE APPLICANT RESIDE IN OR OCCUPY ANY OTHER PREMISES?			L. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?		
C. ANY FULL TIME RESIDENCE EMPLOYEES?			M. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?		
D. COVERAGE DESIRED FOR ANY OUTBOARD MOTOR(S) OR WATERCRAFT?			N. HAVE YOU, THE MORTGAGEE, OR ANY OTHER PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY BEEN INDICTED, CONVICTED, OR INVOLVED WHERE AN UNRESOLVED INDICTMENT FOR THE CRIME OF ARSON OR FOR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY EXISTS?		
E. HAS PRESENT INSURER FURNISHED NOTICE OF NON-RENEWAL OR INTENT TO CANCEL?			O. HAS THE APPLICANT FILED A VOLUNTARY PETITION, OR BEEN NAMED AS THE DEBTOR IN AN INVOLUNTARY PETITION, UNDER THE UNITED STATES BANKRUPTCY CODE OR IS THE APPLICANT ACTING AS BANKRUPTCY TRUSTEE OR PERSON PERFORMING A SIMILAR FUNCTION?		
F. HAVE YOU HAD ANY PROPERTY LOSSES OR ANY LIABILITY CLAIMS BROUGHT AGAINST YOU IN THE PAST FIVE YEARS? (IF YES STATE TYPE(S), DATE(S), AMOUNT(S) IN REMARKS)			P. ARE THERE ANY ROOMERS OR BORDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER PER FAMILY)		
G. ANY DOGS OR OTHER ANIMAL(S) ON PREMISES? (SPECIFY KIND OF ANIMAL(S) IN REMARKS)			Q. IS THE UNIT IN WHICH YOU RESIDE ON THE RESIDENCE PREMISES RENTED OR INTENDED FOR RENTAL AT ANY TIME DURING THE YEAR? IF YES, STATE NUMBER OF WEEKS YOUR UNIT ON THE RESIDENCE PREMISES IS OR WILL BE RENTED. NUMBER OF WEEKS:		
H. ANY UNREPAIRED DAMAGE?					
I. DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; OR (C) DECLARED UNSAFE?					
J. HAS A STATE OR MUNICIPAL OFFICIAL NOTIFIED YOU IN WRITING OF ANY BUILDING, SANITARY, FIRE OR OTHER CODE VIOLATION(S) AT THE PROPERTY WHICH ARE CURRENTLY OUTSTANDING?					

REMARKS (USE ADDITIONAL SHEET IF NEEDED)

SIGNATURE

BY SIGNING THIS APPLICATION I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THE PROPERTY, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES HEREON MAY VOID ANY POLICY ISSUED. I (WE) FURTHER CERTIFY THAT I (WE) HAVE MADE REASONABLE EFFORT TO OBTAIN INSURANCE AND HAVE BEEN UNABLE TO OBTAIN IT ELSEWHERE. THE ABOVE NAMED LICENSED BROKER OR AGENT IS AUTHORIZED TO ACT AS MY (OUR) BROKER OF RECORD FOR PURPOSE OF THIS APPLICATION AND ANY RESULTING INSURANCE. I (WE) HAVE READ THE INSPECTION NOTICE AND CREDIT REPORTING NOTICE PROVIDED ON THE ACORD 65 RI AND UNDERSTAND THAT THESE NOTICES FORM A PART OF THIS APPLICATION, SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

*NOTE: FAILURE TO DISCLOSE THE EXISTENCE OF AN ARSON CONVICTION ON THIS APPLICATION IS A MISDEMEANOR PUNISHABLE BY A SENTENCE OF NOT MORE THAN ONE YEAR IMPRISONMENT.

_____ SIGNATURE(S) OF ALL APPLICANTS (INCL ADDITIONAL INSURED)	DATE	_____ SIGNATURE(S) OF ALL APPLICANTS (INCL ADDITIONAL INSURED)	DATE
_____ SIGNATURE(S) OF ALL APPLICANTS (INCL ADDITIONAL INSURED)	DATE	_____ SIGNATURE(S) OF ALL APPLICANTS (INCL ADDITIONAL INSURED)	DATE

UNDER THE PENALTIES OF PERJURY, I HEREBY CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF RHODE ISLAND, THAT THE TAX IDENTIFICATION NUMBER PROVIDED ON THIS FORM IS TRUE AND COMPLETE AND THAT I AM UNABLE TO OBTAIN INSURANCE ELSEWHERE ON BEHALF OF THE APPLICANT.

_____ SIGNATURE OF LICENSED BROKER OR AGENT	DATE
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