

# RHODE ISLAND JOINT REINSURANCE ASSOCIATION

## APPLICATION FOR DWELLING FIRE AND PERSONAL LIABILITY 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) 699-2985 VISIT OUR WEB SITE - <a href="http://www.rijra.com">www.rijra.com</a> <b>THIS APPLICATION IS NOT A BINDER OF INSURANCE</b>	_____ UND INITIALS  _____ DATE <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED
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**PLEASE TYPE. PROVIDE ALL THE INFORMATION REQUESTED.**

SEE RIJRA ACORD 67 RI FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

<input type="checkbox"/> CHECK IF APPLYING FOR IMMEDIATE COVERAGE VIA FAX	POLICY # :
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<b>1. APPLICANT(S) NAME &amp; MAIL ADDRESS</b>		<b>2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT</b>	
NAME (AS IT SHOULD APPEAR ON POLICY)		NAME OF LICENSED BROKER/AGENT	
#/STREET		#/STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME OF THE PERSON THE INSPECTOR CAN CONTACT FOR INSPECTION OF THE PROPERTY		TELEPHONE #	FAX #
CONTACT'S HOME TELEPHONE #	CONTACT'S BUSINESS TELEPHONE #	E-MAIL ADDRESS FOR RIJRA RESPONSE	
APPLICANT'S OCCUPATION			

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

# STREET	CITY / STATE / ZIP
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**4. NAME & ADDRESS OF MORTGAGEE(S) (ENCLOSE COPY OF CONTRACT FOR ALL NON-INSTITUTIONAL MORTGAGE HOLDERS)**

1.	2.
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**5. 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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**6. PRESENT OR PRIOR INSURANCE INFORMATION**

PRESENT OR PRIOR INSURER	POLICY #	EXPIRATION DATE	COVERAGE A LIMIT \$ _____	COVERAGE E LIMIT \$ _____
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**7. COVERAGE REQUESTED**

POLICY FORM	A - DWELLING	B - OTHER STRUCTURES (Describe in Remarks)	C - PERSONAL PROPERTY	D - FAIR RENTAL VALUE	OTHER	L - PERSONAL LIABILITY (EACH OCCURRENCE)	M - MEDICAL PAYMENTS (EACH PERSON)
	\$	\$	\$	\$	\$	\$	\$
ANNUAL TENTATIVE PREMIUM \$ _____		DEDUCTIBLE \$ _____		<input type="checkbox"/> IF STANDALONE PERSONAL LIABILITY COVERAGE ONLY		<input type="checkbox"/> AS AN ENDORSEMENT ADDING PERSONAL LIABILITY COVERAGE TO RIJRA DWELLING FIRE POLICY # _____	

**8. DWELLING INFORMATION**

**DWELLING IS**

<input type="checkbox"/> OWNER OCCUPIED	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> PARTIALLY VACANT/UNOCCUPIED	<input type="checkbox"/> UNDER REHABILITATION
<input type="checkbox"/> NON OWNER OCCUPIED	<input type="checkbox"/> VACANT/UNOCCUPIED	IF PARTIALLY VACANT/UNOCCUPIED % OF VACANCY: _____ %	<input type="checkbox"/> UNDER CONSTRUCTION

Letter of Intent Required  
Letter of Intent Required

**CONSTRUCTION OF DWELLING**

<input type="checkbox"/> FRAME (1)	<input type="checkbox"/> BRICK, STONE OR MASONRY VENEER (2)	<input type="checkbox"/> BRICK, STONE OR MASONRY (3)	<input type="checkbox"/> FIRE RESISTIVE (4)	<input type="checkbox"/> FRAME WITH ALUMINUM OR PLASTIC SIDING (5)
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**DWELLING CONTAINS**

<input type="checkbox"/> 1 APT	<input type="checkbox"/> 3 APTS	<input type="checkbox"/> MOBILE HOME (DP 00 01 only)	<input type="checkbox"/> CONDOMINIUM UNIT
<input type="checkbox"/> 2 APTS	<input type="checkbox"/> 4 APTS	<input type="checkbox"/> TENANT'S PERSONAL PROPERTY ONLY	

# OF FAMILY UNITS PER FIRE DIVISION: \_\_\_\_\_  
# OF UNITS OWNED BY APPLICANT: \_\_\_\_\_

# OF APARTMENTS: \_\_\_\_\_

ESTIMATED REPLACEMENT COST (ASSN MSB REPLACEMENT COST REQ'D) \$ _____	PRESENT MARKET VALUE (EXCLUDING LAND) \$ _____	DATE OF PURCHASE OF REAL PROPERTY	PURCHASE PRICE \$ _____
YEAR BUILT	FIRE DISTRICT/TOWN	TERR CODE	PROTECTION CLASS
			DISTANCE TO HYDRANT FT
			DISTANCE TO FIRE STATION MI

APPLICANT(S) NAME	POLICY NUMBER
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**9. ENDORSEMENTS**

INDICATE ENDORSEMENT(S), LIMIT(S) AND APPLICABLE ADDITIONAL INFORMATION

**10. GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
A. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? IF YES INDICATE THE TYPE AND PRECISE LOCATION OF THE BUSINESS, INDICATE WHERE IT IS CONDUCTED, ANY MODIFICATIONS TO THE DWELLING TO ACCOMMODATE THE BUSINESS, AND NUMBER OF EMPLOYEES.			K. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?		
B. IF OWNER OCCUPIED, DOES THE APPLICANT RESIDE IN OR OCCUPY ANY OTHER PREMISES OTHER THAN THE LOCATION INSURANCE IS BEING REQUESTED FOR?			L. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?		
C. ANY FULL TIME RESIDENCE EMPLOYEES? (NUMBER AND TYPE OF FULL TIME AND PART TIME EMPLOYEES)			M. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?		
D. HAS PRESENT INSURER FURNISHED NOTICE OF NON RENEWAL OR INTENT TO CANCEL?			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? *		
E. ANY DOGS OR OTHER ANIMAL (S) ON PREMISES? (SPECIFY BREED AND/OR KIND OF ANIMAL IN REMARKS.)			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 BOARDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER PER FAMILY) # PER FAMILY: _____		
G. HAS AN INCIDENT REPORT BEEN MADE AGAINST AN ANIMAL IN YOUR CARE, CUSTODY, OR CONTROL?			Q. IF OWNER OCCUPIED, 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. # WEEKS: _____		
H. ANY UNREPAIRED DAMAGE?			R. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (LIST YEAR, TYPE, MAKE, MODEL)		
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 67 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
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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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