

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
RHODE ISLAND JOINT REINSURANCE ASSOCIATION
TWO CENTER PLAZA, BOSTON, MASSACHUSETTS 02108-1904
TELEPHONE (617) 723-3800
TOLL FREE TELEPHONE NUMBERS: FROM MASS 1-800-392-6108 FROM RI 1-800-851-8978

APPLICATION FOR ASSIGNMENT OR TRANSFER OF POLICY

Producer: _____ Date: _____
_____ Policy No.: _____
_____ Location of Property: _____

The following information must be completed by the new property owner (herein called the applicant) before we consider your request for assignment for the policy to the applicant.

1. Name _____
(Complete as name should appear on policy)

1A. Mailing Address _____

2. Applicant is: owner occupant absentee owner

2A. Property is presently: occupied vacant or unoccupied under rehab. tenant-occupied
(attach letter of intent)

3. Mortgagee change:

- Delete mortgagee - former mortgagee satisfied (enclose release statement if a non-institutional mortgagee)
- Add new mortgagee - (If non-institutional mortgagee, provide a copy of mortgage agreement including amount of outstanding interest)

Name _____

Address _____

4. Date of purchase of real property _____ Purchase Price \$ _____

5. Have you had any property losses or liability claims in the past five years?

Yes No

If yes, state types, dates and amounts: _____

6. 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?

Yes No If yes, specify _____

*** Statement below applies to Rhode Island Applicants Only:**

* 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.

7. Are real estate taxes delinquent? Yes No If yes, specify reason, list years and amounts below:

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.

If applicant is Partnership, Company or Corporation, the application shall be signed by an official of the firm, printing name and title below. If applicant is an individual seeking insurance for personal purposes, the following paragraph applies:

Important: This Association, pursuant to the Fair Credit Reporting Act, 15 U.S.C.S. Section 1681 et seq., may decide to obtain a consumer report and/or an investigative consumer report from a credit reporting agency or agencies in connection with the underwriting of insurance for your property. Any such action by this Association will be taken in compliance with the procedures set forth in the Fair Credit Reporting Act.

Signature of Applicant _____ Date _____