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**NEW HAMPSHIRE UNDERWRITERS INSURANCE AGENCY**  
 116 South River Rd., Bldg. D, Suite 6A  
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 600 W. Germantown Pike, Suite 400  
 Plymouth Meeting, PA 19462-1046  
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## Homeowner Application

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Agency Code: \_\_\_\_\_

### General Information:

Billing Method:     Insured                       Mortgagee                       Agent

Type of Submission:     New Business     Renewal                       Rewrite                      Previous Policy No.: \_\_\_\_\_

Requested Coverages:  HO-3                       HO-4                       HO-6                       HO-8                       HO-A (TX Only)  
 HO-B (TX Only)                       HO-BT (TX Only)                       HO-B-CON (TX Only)

Deductible:    All Perils \_\_\_\_\_ Wind and Hail \_\_\_\_\_ Theft Deductible \_\_\_\_\_

Describe Location:     Same as mailing address

### PROPOSED EFFECTIVE DATES:

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Underwriting Information:

Year Built \_\_\_\_\_  
 Square Footage \_\_\_\_\_  
 Number of Families \_\_\_\_\_  
 Number of Stories \_\_\_\_\_  
 Type of Roof \_\_\_\_\_  
 Territory Number \_\_\_\_\_  
 Protection Class \_\_\_\_\_  
 Miles from Fire Dept. \_\_\_\_\_  
 Feet from Hydrant \_\_\_\_\_  
 Fire District or Town \_\_\_\_\_

Construction:  
 Frame  
 Masonry  
 EIFS  
 Brick Veneer (TX only)  
 Mobile Home (TX only)  
 Other \_\_\_\_\_

Wood Stove? .....  Yes     No  
 If Yes, is this the Primary source of heat? .....  Yes     No  
 Submit two photos of wood stove along with wood stove questionnaire.

**Rating Information:**

**Property Coverage:**

	<b>Limits</b>	<b>Premiums</b>
Dwelling	\$ _____	\$ _____
Other Structures	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Loss of Use	\$ _____	\$ _____
Theft by Burglary (above \$5,000 where applicable)	\$ _____	\$ _____
Satellite/Antenna	\$ _____	\$ _____

**Replacement Cost:**

Dwelling Only	\$ _____	\$ _____
Dwelling & Contents	\$ _____	\$ _____
All Direct Causes of Loss (All Risk)	\$ _____	\$ _____

**Liability Coverage:**

	<b>Limits</b>	<b>Premiums</b>
Personal Liability	\$ _____	\$ _____
Home Day Care	_____ /# of Children (Max of 5)	\$ _____
Medical Payments	\$ _____ /Per Person	\$ _____

**In Home Business:**

Business Property	\$ _____	\$ _____
Liability Aggregate (Policy Maximum)	\$ _____	\$ _____

**Additional Charges/Credits:**

Deductible Credits (not applicable to Liability)	\$ _____
Misc. Credit/Surcharges (wood stove, etc.)	\$ _____
State Tax (where applicable)	\$ _____
Policy Fee (if applicable)	\$ _____
Other Fees	\$ _____
<b>Total Premium:</b>	\$ _____

**Additional Interests—Mortgagee/Loss Payees:**

**Interest #1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Loan Number: \_\_\_\_\_

Type of Interest: \_\_\_\_\_

**Interest #2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Loan Number: \_\_\_\_\_

Type of Interest: \_\_\_\_\_

**Miscellaneous Coverages (check box if applicable):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mine Subsidence (where applicable)           | <input type="checkbox"/> Exclude Wind                   | <input type="checkbox"/> Earthquake (if available)      |
| <input type="checkbox"/> Tenant Relocation (MA only)                  | <input type="checkbox"/> Offshore Island                | Zone: _____   |
| <input type="checkbox"/> Claim free Renewal Credit (where applicable) | Wind/Hail Deductible:                                   | EQ Additional Living Expense Limit: \$ _____            |
| <input type="checkbox"/> Fire Alarm:                                  | Dollar Amount \$ _____                                  | EQ Contents Limits: \$ _____                            |
| <input type="checkbox"/> Central <input type="checkbox"/> Local       | Percent Amount _____%                                   | EQ Deductible: \$ _____                                 |
| <input type="checkbox"/> Burglar Alarm:                               | Distance to Coastal Waters:                             | <input type="checkbox"/> Reconstruction Costs (CA only) |
| <input type="checkbox"/> Central <input type="checkbox"/> Local       | Feet: _____ Miles: _____                                |   |
| <input type="checkbox"/> Senior Citizen Credit (where applicable)     | Zone: _____   |   |
| Fire Station: _____ miles   | <input type="checkbox"/> Workers Compensation (CA only) |   |
| Fire District: _____  | Number of In-Servants: _____                            |   |
| Fire Hydrant: _____ feet  | Number of Out-Servants: _____                           |   |

**Previous/Current Carrier and Loss History Information:**

Previous/Current Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Any Previous/Current Carrier declined, canceled, or nonrenewed coverage within the last three years? .....  Yes  No  
 If Yes, give reason(s): \_\_\_\_\_

(not applicable in Missouri and California)

Any losses in the last three years? .....  Yes  No  
 If Yes, please provide the information requested below:

Date of Loss	Claim Type—Description of Loss	Amount Paid	Amount Reserved

**Additional Information:**

Any bankruptcy or foreclosure proceedings filed?  Yes  No  
 Reason: \_\_\_\_\_  
 Discharged? .....  Yes  No  
 Is applicant delinquent on mortgage or tax payments? .....  Yes  No  
 Has anyone with a financial interest in the property been convicted of fraud, arson or other crime related to any loss on any property during the past five years? .....  Yes  No  
 Swimming pool, hot tub or spa on premises? .....  Yes  No  
 Pool fenced? .....  Yes  No  
 Automatic locking gate? .....  Yes  No  
 Steps have secured handrails? .....  Yes  No  
 Any lake, pond or dock on premises? .....  Yes  No  
 Trampoline on premises? .....  Yes  No  
 Is the dwelling set on land in excess of five acres? .....  Yes  No  
 Are there any animals kept on premises? .....  Yes  No

If Yes, list all:  
 Animal Breed: \_\_\_\_\_ Number: \_\_\_\_\_  
 Bite History? .....  Yes  No  
 Animal Breed: \_\_\_\_\_ Number: \_\_\_\_\_  
 Bite History? .....  Yes  No  
 Other: \_\_\_\_\_

Any businesses on premises? .....  Yes  No  
 Type of business (include Day Care): \_\_\_\_\_

Other structures (garages, shed, etc.) on premises?  Yes  No  
 If Yes, please list in comments.

Electrical service on circuit breakers? .....  Yes  No  
 Is location primary residence of owner/ applicant? .....  Yes  No  
 Modular or farm dwelling? .....  Yes  No  
 Any existing fire, water or structural damage? .....  Yes  No  
 Working smoke detectors on premises? .....  Yes  No  
 Brush or landslide exposure? .....  Yes  No  
 Any dwelling or structure built on stilts? .....  Yes  No  
 Provide year of building updates (if over 20 years):  
 Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roofing: \_\_\_\_\_ Heating: \_\_\_\_\_  
 Partial  Full  Partial  Full  Partial  Full  Partial  Full  
 Has property been seen by agent? .....  Yes  No  
 If Yes, date agent last inspected property: \_\_\_\_\_

Please indicate the condition of the following as either good, fair, or poor:

	Good	Fair	Poor
Dwelling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outbuildings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premises.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Applicant Information:**

Applicant's Occupation: \_\_\_\_\_ Co-Applicant's Occupation: \_\_\_\_\_

Previous Address (if less than three years): \_\_\_\_\_  
(Street, City, County, State, Zip)

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Notice of Insurance Information Practices:**

Personal information about you may be collected from persons other than you. 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. 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 instruction on how to submit a request to us.

**PRIVACY POLICY:**

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**Applicant's Statement:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

**Application must be fully completed, signed and have required photos attached.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

***(Applicable to Florida Agents Only)***