

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 - www.rijra.com
THIS APPLICATION IS NOT A BINDER OF INSURANCE

PROVIDE ALL THE INFORMATION REQUESTED.
 SEE RIJRA ACORD 67 RI FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

	APPLICATION # :
--	-----------------

1. APPLICANT(S) NAME & MAIL ADDRESS		2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT	
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	INSURED EMAIL ADDRESS	Does the applicant elect to enroll in electronic receipt of the Insurance policy issued by RIJRA with the understanding that they may request to withdraw from this service at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

# STREET	CITY / STATE / ZIP
----------	--------------------

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

1.	2.
----	----

5. THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.

EFFECTIVE DATE	REASON FOR APPLICATION
----------------	------------------------

6. PRESENT OR PRIOR INSURANCE INFORMATION

PRESENT OR PRIOR INSURER	POLICY #	EXPIRATION DATE	COVERAGE A LIMIT \$	COVERAGE E LIMIT \$
--------------------------	----------	-----------------	------------------------	------------------------

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 \$	HURRICANE \$	<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

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)
------------------------------------	-------------------------------------------------------------	------------------------------------------------------	---------------------------------------------	--------------------------------------------------------------------

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 APARTMENTS: _____

IF TOWNHOUSE / ROWHOUSE

OF FAMILY UNITS PER FIRE DIVISION: _____

OF UNITS OWNED BY APPLICANT: _____

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	APPLICATION #
-------------------	---------------

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. HAS ANY OR WILL ANY FARMING OR OTHER BUSINESS BE CONDUCTED ON PREMISES? FOR THE PURPOSE OF THIS QUESTION, BUSINESS INCLUDES ANY TEMPORARY OR PART-TIME RENTAL OF ANY PART OF THE PREMISES			K. DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; OR (C) DECLARED UNSAFE?		
B. ARE THERE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER PER FAMILY) NUMBER PER FAMILY:			L. 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?		
C. 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. NUMBER OF WEEKS:			M. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?		
D. IF OWNER OCCUPIED, DOES THE APPLICANT RESIDE IN OR OCCUPY ANY OTHER PREMISES OTHER THAN THE LOCATION INSURANCE IS BEING REQUESTED FOR?			N. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?		
E. HAS PRESENT INSURER FURNISHED NOTICE OF NON RENEWAL OR INTENT TO CANCEL?			O. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?		
F. ANY DOGS OR OTHER ANIMAL (S) ON PREMISES?			P. 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?		
G. HAS AN INCIDENT REPORT BEEN MADE AGAINST AN ANIMAL IN YOUR CARE, CUSTODY, OR CONTROL?			Q. HAS THE APPLICANT BEEN INVOLVED IN ANY FORECLOSURE, REPOSSESSION, OR ADVERSE MONEY JUDGEMENT IN THE PAST FIVE YEARS? IN CONNECTION WITH ANY MORTGAGE, HAS THE APPLICANT RECEIVED ANY NOTICE OF DEFAULT, RIGHT TO CURE OR INTENT TO FORECLOSE? PLEASE EXPLAIN IN DETAIL ANY YES ANSWER.		
H. HAS THE APPLICANT SUSTAINED ANY PROPERTY DAMAGE LOSSES OR HAD ANY LIABILITY CLAIM ASSERTED AGAINST THEM WITHIN THE PAST FIVE YEARS, WHETHER OR NOT REPORTED TO OR PAID BY THE INSURER?			R. 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? *		
I. IS THE APPLICANT AWARE OF ANY UNREPAIRED PHYSICAL CONDITION OR DAMAGE AT THE LOCATION TO BE INSURED?					
J. DOES ANY PHYSICAL CONDITION EXIST THAT HAS BEEN IDENTIFIED AS SUBSTANDARD OR AS A HAZARD OR VIOLATION BY ANY PUBLIC OFFICIAL, LICENSED INSPECTOR OR INSURER?					

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
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, AND THAT I AM UNABLE TO OBTAIN INSURANCE ELSEWHERE ON BEHALF OF THE APPLICANT.

SIGNATURE OF LICENSED BROKER OR AGENT	DATE
---------------------------------------	------