

**NEW JERSEY MANUFACTURERS INSURANCE COMPANY
PA - HOMEOWNERS INSURANCE APPLICATION**

Instructions for completing your Homeowners Insurance Application.

- Print this page and the following three page application
- Answer the questions completely
- Sign the document

Fax your completed application to:
(609) 882-8529

Or mail to:
**Property Insurance Dept
NJM Insurance Group
301 Sullivan Way
PO Box 728
West Trenton, NJ 08628-0257**

After receiving your application, we will conduct a preliminary underwriting review, and if you qualify, New Jersey Manufacturers Insurance Company will send you a premium quotation. If, after taking into consideration our historical dividend record and reputation, you advise us that our quotation is acceptable to you, we will then conduct an inspection of your premises to verify insurability. Finally, you will be asked to participate in a replacement cost analysis, conducted at our expense, to determine the approximate rebuilding cost of your home. We will provide you with a copy of the analysis and you will be required to insure your home to its proper value.

If you have any questions while completing the application, please call us at 1-800-232-6600, extension 4512. We encourage completeness and prompt return of the application at least 30 days prior to your desired effective date.

PENNSYLVANIA HOMEOWNERS INSURANCE APPLICATION

Home Phone Number () _____
 Applicant's Employer _____ Occupation _____ Phone Number () _____
 Employer's Address _____
 Co-Applicant's Employer _____ Occupation _____ Phone Number () _____
 Employer's Address _____
 Applicant's Date of Birth _____ Marital Status _____ Social Security No. (Optional) _____
 Co-Applicant's Date of Birth _____ Marital Status _____ Social Security No. (Optional) _____
 Daytime Phone () _____
 Location of Property (if different from mailing address)
 Street Address _____
 City _____ State _____ Zip Code _____
 County _____ Twp _____
 Desired Effective Date _____
 Other policies with NJM _____
 (Policy Numbers)

Coverage cannot be considered bound until you are notified of the acceptance and approval by our underwriters.

Occupancy of Premises: Owner Tenant
 Will you occupy this residence on a full time basis? yes no If no, please explain _____
 Type of Policy desired: Homeowners/Townhome Condominium Contents/Tenant
 Indicate number of families: 1 __, 2 __, 3 __, 4 __, 5 or more __ Or if apartment, condo or townhome indicate the number of Units between Firewalls: __
 Do you currently maintain Homeowners or Renters Insurance? yes no
 If yes, name of present carrier _____ Reason for Leaving _____
 Have you had any claims within the last 5 years or do you have any pending claims? yes no
 If yes, please explain _____
 Are there any business (excluding telecommuting) or farming activities conducted on the residence? yes no
 If yes, please explain _____
 Are there any business activities adjacent (attached or not attached) to the residence? yes no
 If yes, please explain _____
 Is the residence a mobile, motor, modular or manufactured (pre-fabricated) home? yes no If yes, please circle
 Do any non-relative residents or roomers/boarders pay rent? yes no If yes, how many? _____
 Are there any additional names on the deed or lease? yes no
 If yes, provide the name, address and relationship to applicant. _____
 Is there a swimming pool on the premises? yes no If yes, how is the pool secured? _____
 Are any buildings attached or adjacent to the home boarded up, abandoned, or in need of repair? yes no
 If yes, please explain _____
 Are there structural changes, additions, or improvements necessary, currently being made, or planned? yes no
 If yes, please explain _____
 Is the porch, stoop, or steps in need of repair? yes no If yes, please explain _____
 Do you have steps with 3 or more risers without a handrail? yes no
 Are any of the following damaged or in need of repair?
 Sidewalk or driveway yes no If yes, please explain _____
 Roof or chimney yes no If yes, please explain _____
 Garage or other outbuildings yes no If yes, please explain _____
 Walls, ceilings, or floors yes no If yes, please explain _____
 Is there any other pre-existing damage that has not been repaired? yes no
 If yes, please explain _____
 Are there any dogs at your residence? yes no If yes, how are they secured when outside the home? _____
 What year was the home constructed? (Homeowners/Townhome only) _____
 What are the ages of the following: (Homeowners/Townhome only)
 Roof _____ Plumbing _____ Heating _____ Wiring _____

Construction Type: Frame At least 66% Masonry At least 66% Aluminum/Plastic/Vinyl Siding
Is there a fire hydrant within 1000 feet? yes no
Is there a fire station within 5 miles? yes no Fire District Number _____
Current Market (selling) Price _____ Mortgage Amount (including home equity loans or lines of credit) _____

Refer to Buyer's Guide for Assistance in the Section Below

Coverages: Coverages A and B do not apply to Contents/Tenant policies. Coverage B does not apply to Condominium policies.

- A. Dwelling Amount - How much insurance would you need to rebuild your home at today's costs? \$ _____
- B. Other Structures (10% of Dwelling Amount is automatically afforded) See Buyer's Guide for coverage options. \$ _____
- C. Personal Property (50% of Dwelling Amount is afforded) - If other than 50% of your Dwelling Amount of coverage is desired, indicate the total dollar amount of coverage. \$ _____
 - 1. Do you want Replacement Cost on Contents (HO-290)? yes no
 - 2. Do you want to add the Increased Special Limits of Liability Endorsement (HO-65)? yes no
If yes, please enter the total amount of coverage needed. Money _____ Securities _____ Firearms _____
Jewelry/Furs _____ Silverware _____ Computer Equipment _____ Adaptable Electronic Apparatus _____
 - 3. Do you have any high value jewelry, furs, or silverware? yes no
If yes, do you want to add the Scheduled Personal Property Endorsement (HO-61)? yes no
See enclosed application.
 - 4. Do you have any high value antiques or collectibles? yes no
- D. Loss of Use - See Buyer's Guide for coverage options. \$ _____
- E. Personal Liability - Select one: \$100,000 \$200,000 \$300,000 \$400,000 \$500,000
- F. Medical Payments to Others - Select one: \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

Does any exterior wall contain more than 25% glass? yes no If yes, a higher deductible may apply.
Deductible - Select one: \$500 \$750 \$1000 \$1500 \$2000 \$2500
Do you have a sump pump? yes no
Do you want to add the Water Back-Up and Sump Overflow Endorsement/Water Back-Up Endorsement (HO-95/HO-95X)? yes no
Do you own any other properties? yes no If yes, how many? _____ Are they rented to others? yes no
Please provide the complete address. _____

Do you own any boats or watercraft? yes no
If yes, do you want to add liability coverage for your watercraft? yes no
If yes, please provide: Overall Length _____ H.P. _____ Navigation Period from _____ to _____ Inboard Outboard
Do you have any full time employees at your residence? yes no If yes, how many? _____
Do you have any fuel storage tanks (excluding propane)? yes no If yes, how many? _____
What is the age of the tank? _____
Is the tank: oil gasoline
Is the tank: above ground underground or other (basement/crawlspace)
Is the tank: active or inactive
Has the tank been tested against leakage? yes no If yes, please provide date of certification/test _____
Do you want to add the Limited Escaped Fuel Liability Coverage Endorsement (HO-76)? yes no
Is your home protected by a Smoke and/or Burglar alarm? yes no If yes, please complete attached form.

MORTGAGE REQUIREMENT 1st Mortgagee (including clause if applicable) _____

Mailing Address _____ Loan # _____
2nd Mortgagee (including clause if applicable) _____

Mailing Address _____ Loan # _____
Is insurance paid through mortgagee? yes no
Additional Comments: _____

Important: Flood is excluded on a Homeowners policy. Is Flood Insurance required? yes no
Would you like a representative to contact you about this essential protection? yes no

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.

Mr. Mrs. Ms. Other (Dr., etc.) _____ Mr. Mrs. Ms. Other (Dr., etc.) _____

Signature of Applicant _____ Date _____ Signature of Co-Applicant _____ Date _____

Application for Burglar Alarm Credit and/or Fire Protection Credit

Name and Address

Location of premises, if other than above _____

If your dwelling contains a burglar or smoke alarm or a qualifying sprinkler system, you may be eligible for a premium discount. The device(s) must be installed in the residence and be in good working order. *Carbon monoxide detectors are not eligible for the Fire Protection Credit.* If your policy is for an apartment or condominium, include information about the alarm within your unit only. **Please complete this form in its entirety** and return it to the NJM Insurance Group

Burglar Alarm Information *	Smoke Alarm Information
Name of Alarm Manufacturer _____	Name of Alarm Manufacturer _____
Name of approving Lab (Underwriters Lab, etc.) _____	Name of approving Lab (Underwriters Lab, etc.) _____
Powered by <input type="checkbox"/> Battery <input type="checkbox"/> Electric	Powered by <input type="checkbox"/> Battery <input type="checkbox"/> Electric
If battery, how often is battery replaced? _____	If battery, how often is battery replaced? _____
Date installed _____	Date installed _____
Location of device(s) _____	Location of device(s) _____
How often tested? _____	How often tested? _____
Does this device emit an alarm at your residence, and/or is it connected to a police department or private alarm company?	Does this device emit an alarm at your residence, and/or is it connected to a fire department or private alarm company?
<i>You may select more than one response, if applicable.</i>	<i>You may select more than one response, if applicable.</i>
<input type="checkbox"/> In-house alarm <input type="checkbox"/> Police department	<input type="checkbox"/> In-house alarm <input type="checkbox"/> Fire department
<input type="checkbox"/> Central station of alarm company	<input type="checkbox"/> Central station of alarm company
Name and address of alarm company's central station _____ _____ _____	Name and address of alarm company's central station _____ _____ _____

* The discount for a burglar alarm applies to Homeowner policies only.

Automatic Sprinkler Information

Does your residence have automatic sprinklers?

If your policy is for an apartment or condominium, include information about sprinklers within your unit only.

- No sprinklers.
- Automatic sprinklers are located in all areas including attics, bathrooms, closets and attached structures.
- Automatic sprinklers are installed, but **only in some areas**. Explain. _____

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.

Signature of Insured or Applicant _____

Date _____