

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

Instructions for completing your Dwelling Insurance Application.

- Print this page and the two 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**

A Dwelling Insurance Policy is only for residences that are occupied on a seasonal basis or are rented out to others. A residence that is owned and occupied on a full-time basis must be covered by a Homeowners Insurance Policy.

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 DWELLING INSURANCE APPLICATION

Applicant(s) _____

Mailing Address _____

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 Number () _____

Location of Property (if different from mailing address)

Street Address _____

City _____ State _____ Zip Code _____

County _____ City, Boro or Twp. (circle one) _____

Other policies with NJM _____
(Policy Numbers)

Desired Effective Date _____ Occupancy of Premises: Owner Tenant/Relative who pays rent/utilities

Will the residence be occupied on a full time basis? yes no If no, please explain _____

Indicate number of families: 1__, 2__, 3__, 4__, 5 or more____ Or if condominium 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 _____ Expiration Date _____ 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? _____

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 _____

What year was the home constructed? _____

What is the age of the following?

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) _____

Deductible - Select one: \$500 \$750 \$1,000 \$1,500 \$2,000 \$2,500

A Dwelling policy provides limited coverage. Some of the major perils not insured against are freezing, theft, vandalism, glass breakage and water damage. These coverages are not offered by a Dwelling policy.

Standard Fire/Dwelling Policies provide protection for covered structures and/or personal property from the perils of Fire and Lightning.

Extended Coverage for the perils listed below may also be purchased.

- 1. Windstorm 3. Explosion 5. Aircraft Damage 7. Smoke Damage
- 2. Hail 4. Riot or Civil Commotion 6. Vehicle Damage

Coverages: (please indicate the coverage needed)

\$ _____ Dwelling Standard Fire Extended Coverage

\$ _____ Personal Property

Personal Liability - Select one: \$100,000 \$200,000 \$300,000 \$400,000 \$500,000

Medical Payments to Others - Select one: \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

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: _____

Application for Fire Protection Credit

If your dwelling contains a 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 application is for a townhome or condominium, include information about the alarm within your unit only.

Smoke Alarm Information

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

Does your residence have automatic sprinklers?

If your application is for a townhome 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 factual material thereto commits a fraudulent 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 _____