

**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) _____ Home Phone # _____

Mailing Address _____

Location _____
of _____
(In rural areas, give distance and direction from nearest intersecting street or include a map of the location.)

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

Employer _____ Occupation _____ Phone # _____

Co-applicant's Employer _____ Occupation _____ Phone # _____

Construction of Dwelling: Frame Masonry Other Covered with Aluminum or Plastic No Yes _____ %

Occupancy: Number of Families _____ Owner Occupied Tenant Occupied

Use of Property: Seasonal Non-Seasonal No. of units between each set of firewalls (if applicable) _____

Distance to Fire Hydrant _____ feet Distance to Fire Station _____ miles

Date on Which Insurance Should Take Effect _____

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

What are the ages of: Plumbing _____ Heating _____ Wiring _____

	NO	YES	IF YES, EXPLAIN
Is the home used as an office, studio, professional occupancy, etc?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have high value items? (antiques, collectibles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is roof or chimney in need of repair? Age of roof _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the porch, stoop or steps (3 or more risers) in need of repair or railings?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the residence a mobile or motor home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there a swimming pool located on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, does a fence completely surround pool or property?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is sidewalk or driveway in need of repair? (heaved, cracked, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any roomers or boarders? (if any, identify number) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is garage or other outbuilding in need of repair?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any attached/adjacent buildings boarded up, abandoned, or in need of repair?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are other improvements necessary to the dwelling or other structures?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are major renovations/improvements currently being made to the dwelling or other structures?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any business or farming activities on premises OR adjacent to your property?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, age of tank _____ Fuel type: <input type="checkbox"/> Oil <input type="checkbox"/> Gasoline			How many? _____
Is the tank: <input type="checkbox"/> above ground <input type="checkbox"/> underground or <input type="checkbox"/> other (basement/crawl space)			<input type="checkbox"/> active or <input type="checkbox"/> inactive
Has the tank been tested against leakage? Date of certification/test: _____ (mm/year)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do any of the exterior walls contain more than 25% glass? (windows, sliding glass doors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you own any other properties?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, provide complete address _____			_____
Are they rented to families?	<input type="checkbox"/>	<input type="checkbox"/>	No. of families _____
Do you maintain other coverage for this property?	<input type="checkbox"/>	<input type="checkbox"/>	Policy No. _____
Have you sustained any losses during the past three years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, please explain details and amount of payout. _____			_____

Name of present carrier _____ Expiration Date _____ Reason for leaving _____

Applicant(s) _____

Standard Fire 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 | |

Deductible \$500 Alternate Deductibles: \$100 \$250 \$750 \$1000 \$1500 \$2000 \$2500

Year Home Built _____ Current Market (Selling) Price \$ _____

Mortgage Amount (Including Home Equity Loans or Lines of Credit) \$ _____

Coverages:	\$ _____	Dwelling	<input type="checkbox"/> Standard Fire	<input type="checkbox"/> Extended Coverage
	\$ _____	Personal Property		
	\$ _____	Personal Liability (\$100,000 minimum)	(Higher Limits of \$200,000, \$300,000, \$400,000, or \$500,000 are available)	
	\$ _____	Medical Payments to Others (\$1,000 minimum)	(Higher Limits of \$2,000, \$3,000, \$4,000, or \$5,000 are available)	

1st Mortgagee (including clause if applicable) _____

Mailing Address _____ Loan # _____

2nd Mortgagee (including clause if applicable) _____

Mailing Address _____ Loan # _____

Does Mortgagee pay insurance? Yes No

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 policy is for an apartment 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 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.

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

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