

HO III SEASONAL RENTAL APPLICATION NEW JERSEY COASTAL (FOR RENTAL PROPERTIES ONLY)



Underwritten By:
INSURANCE INNOVATORS, INC.
 PO Drawer 969, Glenside, PA 19038
 (215)885-7300 Phone • (215)886-2482 Fax

Name _____ Producer: _____
 Address _____ Insured Location: _____
 Phone _____

An Effective date MUST be entered and may not be earlier than postmark or fax date.

Number of Units/Apartments: _____
 # of Families? _____
 Occupied by..? _____
 Is there a tenant on premises? ____ Y ____ N
 Yearly Tenant? ____ Y ____ N
 Seasonal Tenant? ____ Y ____ N

From: Month	Day	Year	To: Month	Day	Year

(12:01AM STANDARD TIME)

A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENT	DEDUCTIBLE
\$	\$	\$ Includes 30% CVG w/ RCC	Not available	EACH OCCURRENCE \$300,000 \$500,000	EACH PERSON \$1,000	1% Wind/\$1000 AOP 1% Wind/\$2500 AOP 2% Wind/\$1000 AOP 2% Wind/\$2500 AOP
** WATER BACK-UP COVERAGE: \$5,000 _____				\$10,000 _____		

UNDERWRITING QUESTIONNAIRE

This section must be completed in its entirety-Explain "Yes" Answers

1. Prior Carrier _____ Expiration Date? _____	11. Has the applicant suffered any losses during the last 3 years? Full Description of Loss: ____ YES ____ NO What type/amount
2. Type of Construction ____ Masonry ____ Frame	12. Has any company canceled, non-renewed or refused insurance to the applicant? ____ YES ____ NO
3. Year of Construction _____	13. Distance to water _____
4. Occupation - Applicant _____ Spouse _____	14. If property is a secondary or seasonal residence, is it winterized or is heat maintained at a minimum of 55° while unoccupied? ____ YES ____ NO
5. Protection Class _____ Class 9 refer to underwriter	15. Purchase Price of Property _____ Date of Purchase _____
6. Age of roof _____ Type _____	16. Animals/Reptiles on Premises? ____ YES ____ NO Type/Breed _____
7. Electrical Service _____ circuit breaker amps Last update _____ (Dwellings must have circuit breakers to be eligible.)	17. Is there a Swimming Pool on premises? ____ YES ____ NO If yes, is pool fenced? Is there a slide or diving board? (Swimming Pool Liability Excluded)
8. Heating System Type _____ Last COMPLETE update _____ (Underground oil tank exposures are excluded)	18. Additional Information: a) Smoke Detectors ____ YES ____ NO b) Central Station Fire Alarm ____ YES ____ NO c) Central Station Burglar Alarm ____ YES ____ NO d) Automatic Sprinkler ____ YES ____ NO e) Any outstanding Fire or Building Code violations? ____ YES ____ NO f) Is the building under renovations or reconstruction? ____ YES ____ NO g) Is risk for sale? ____ YES ____ NO
9. Last plumbing update _____	
10. Seasonal rental questionnaire: a) Is there a managing company? b) Are tenants screened prior to rental? c) How often is home checked on season? d) How often is home checked off-season? e) Who checks home?	

NOTICE TO PRODUCER: This is an application for insurance only. No Binding Authority is extended to the Producer, nor is coverage bound until received and approved by the Insurance Underwriters.

APPLICANTS STATEMENT

I understand that as a part of this company's routine procedure for reviewing applications for insurance or renewals of insurance policies, a routine inquiry may be made. Such inquiry usually contains information as to an applicant's character, general reputation, personal characteristics and mode of living. If such inquiry is made, further information on the nature and scope of the inquiry is available upon written request. Photographs of the insured property will be taken by a property inspector.

DATE

SIGNATURE OF PRODUCER (REQUIRED)

SIGNATURE OF APPLICANT(S)

Underwriting Guidelines

1. Eligible risks can be one or two tenant occupied dwellings.
2. Coastal risks are those properties within five miles of coastal waters.
3. If property is a secondary/seasonal residence, the property must be winterized and the heat maintained at a minimum of 55° to prevent freezing.
4. Premises Only Liability applies.
5. Property must be insured to a minimum of 80% of Replacement Cost Value.
6. Section II Limit of Liability of \$300,000 is included, but can be removed for additional credit.
7. All underwriting inquiries must be signed and verified by the insured.

List of Forms and Endorsements:

Animal Exclusion	DL 001 (01/00)
Cancellation Clause	NMA 1331
Electronic Data Recognition Exclusion	NMA 2808
Home Day Care Exclusion	HO 04 96 (04/91)
Land, Water & Air Exclusion	NMA 2340
Mold & Fungi Exclusion Clause	M/FEXCL (09/01)
Nuclear Energy Liability Exclusion Endorsement	NMA 1256
Personal Property Replacement Cost	HO 04 90(04/91)
Lloyd's Privacy Policy Statement	LSW1135B (06/03)
Punitive Damage Exclusion	THBPUN (11/96)
Radioactive Contamination Exclusion Clause	NMA 1191
Service of Suit Clause	NMA 1998
Several Liability Notice	LSW1001 (08/94)
Sexual Abuse &/or Molestation Exclusion	THBSM EXCL
Homeowners 3 - Special Form	HO 00 03 (05/01)
Special Provisions-NJ	HO 01 29 (06/03)
Terrorism Exclusion Endorsement	NMA2920
Trampoline Exclusion	III/TRA -04
War & Civil War Exclusion Clause	NMA 464
Electronic Data Endorsement B	NMA 2915
Asbestos, Lead & Silica Dust Exclusion	THB ALS 02/07
Dwelling Rented to Others	DRO 06 09
Residence Premises Only	RPO 06 09
Swimming Pool Liability Exclusion	SW LI EX 06 09
Windstorm or Hail Percentage Deductible	HO 03 12(10/93)