

**MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION  
APPLICATION FOR HOMEOWNERS INSURANCE INSPECTION AND PLACEMENT**

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION  
MASSACHUSETTS MARKET ASSISTANCE PLAN  
TWO CENTER PLAZA, BOSTON, MA 02108-1904  
PHONE: (617) 723-3800 (800) 392-6108 (MA ONLY) FAX: (800) 932-6717  
VISIT OUR WEB SITE - www.mpiua.com  
THIS APPLICATION IS NOT A BINDER OF INSURANCE

\_\_\_\_\_  
UND INITIALS  
\_\_\_\_\_  
DATE  
 APPROVED  
 REJECTED

**PLEASE TYPE OR PRINT CLEARLY. PROVIDE ALL THE INFORMATION REQUESTED.**  
SEE ACORD 61 MA FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

\*\*\* IMPORTANT: SIGN HERE IF REQUESTING CONSIDERATION BY MASSACHUSETTS MARKET ASSISTANCE PLAN (MA-MAP) \*\*\* I (WE) REQUEST THAT THIS APPLICATION, IF IT QUALIFIES, BE SUBMITTED TO THE MA-MAP FOR CONSIDERATION BY PARTICIPATING INSURERS AS PER MA-MAP PROCEDURES.

POLICY # \_\_\_\_\_

SIGNATURE OF THE APPLICANTS \_\_\_\_\_

CHECK, IF APPLYING FOR IMMEDIATE COVERAGE VIA FAX

<b>1. APPLICANT(S) NAME &amp; MAIL ADDRESS</b>		<b>2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT</b>	
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 #	TAX IDENTIFICATION #	
APPLICANT'S OCCUPATION	SOCIAL SECURITY #		

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

#/STREET	CITY/STATE/ZIP	<input type="checkbox"/> PRIMARY RESIDENCE
		<input type="checkbox"/> SECONDARY RESIDENCE
		<input type="checkbox"/> SEASONAL RESIDENCE

**4. ADDITIONAL INSURED(S)**

INTEREST OF ADDITIONAL INSURED(S) NAME AND ADDRESS	ADD'L INSURED(S) OCCUPIES SEPARATE UNIT(S) IN THE DWELLING <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY #(S) ADD'L INSURED(S)
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**5. NAME & ADDRESS OF MORTGAGEE(S)(ENCLOSE COPY OF CONTRACT FOR ALL NON-INSTITUTIONAL MORTGAGE HOLDERS)**

1.	2.
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**6. APPLICATION IS MADE FOR THE FOLLOWING COVERAGES & LIMITS OF LIABILITY:**

**SECTION I**

**SECTION II**

HO FORM	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	DEDUCTIBLE		
							ALL PERILS \$		
							WIND/HAIL \$		
APPLICANT IS	FRAME	MASONRY VENEER	YEAR BUILT	FIRE DISTRICT/TOWN	TERR CODE	PROTECTION CLASS	PREM GROUP	DISTANCE TO HYDRANT	FIRE STATION
<input type="checkbox"/> OWNER OCCUPANT	<input type="checkbox"/> MASONRY	<input type="checkbox"/> SUPERIOR						FT	MI
<input type="checkbox"/> TENANT OCCUPANT (HO 4 ONLY)	FRAME W/ ALUMINUM OR PLASTIC SIDING								
EST BUILDING REPLACEMENT COST (ASSOCIATION HOME COST ESTIMATOR WORKSHEET REQUIRED)	PRESENT MARKET VALUE (EXCLUDING LAND)		DATE OF PURCHASE OF REAL PROPERTY		PURCHASE PRICE \$				
\$	\$								
# OF FAMILY UNITS IN THE DWELLING (NOT TOWN/ROW HOUSE)	INDICATE ENDORSEMENT(S), LIMIT(S) & APPLICABLE ADDITIONAL INFORMATION								
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4									
IF A TOWN/ROW HOUSE, # OF FAMILY UNITS IN FIRE DIVISION									
<input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-8									
# OF UNITS OWNED BY APPLICANT	IF HO-4, 6 # OF APTS IN THE BLDG								

APPLICANT(S) NAME	POLICY NUMBER
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**7. IF IMMEDIATE COVERAGE IS DESIRED, THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.**

EFFECTIVE DATE	ANNUAL TENTATIVE PREMIUM \$ _____ <input type="checkbox"/> IF INSTALLMENT PLAN SELECTED CHECK BOX	DOWN-PAYMENT (MINIMUM 25%) \$ _____
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**8. PRESENT OR PRIOR INSURER INFORMATION**

PRESENT OR PRIOR INSURER	POLICY #	EXPIRATION DATE	COVERAGE A LIMIT \$ _____
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9. EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
A. ANY BUSINESS CONDUCTED ON PREMISES?			M. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?		
B. DOES THE APPLICANT RESIDE IN OR OCCUPY ANY OTHER PREMISES?			N. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?		
C. ANY FULL TIME RESIDENCE EMPLOYEES?			O. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?		
D. COVERAGE DESIRED FOR ANY OUTBOARD MOTOR(S) OR WATERCRAFT?			P. HAVE YOU, THE MORTGAGEE, OR ANY OTHER PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY BEEN CONVICTED FOR THE CRIME OF ARSON OR FOR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY?		
E. HAS PRESENT INSURER FURNISHED NOTICE OF NON-RENEWAL OR INTENT TO CANCEL?			Q. 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?		
F. HAVE YOU HAD ANY PROPERTY LOSSES OR ANY LIABILITY CLAIMS BROUGHT AGAINST YOU IN THE PAST FIVE YEARS? (IF YES STATE TYPE(S), DATE(S), AMOUNT(S) IN REMARKS)			R. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES? (SPECIFY YEAR, TYPE, MAKE AND MODEL IN REMARKS)		
G. DOES APPLICANT HAVE NATIONAL FLOOD INSURANCE? (IF YES, GIVE POLICY # AND COVERAGE AMOUNT IN REMARKS)			S. ARE THERE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER PER FAMILY.)		
H. ANY DOGS OR OTHER ANIMAL(S) ON PREMISES? (SPECIFY KIND OF ANIMAL(S) IN REMARKS)			T. 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. _____ WEEKS		
I. HAS APPLICANT OBTAINED LETTER OF INTERIM CONTROL OR LETTER OF COMPLIANCE FOR LEAD PAINT?					
J. ANY UNREPAIRED DAMAGE?					
K. DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; or (C) DECLARED UNSAFE?					
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?					

**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) ACKNOWLEDGE THAT I (WE) HAVE BEEN PROVIDED HOMEOWNER INSURANCE LEAD POISONING EXCLUSION AND COVERAGE OPTION NOTICE AND COMMONWEALTH OF MASSACHUSETTS DISCLOSURE STATEMENT AND I (WE) HAVE READ THE INSPECTION NOTICE AND CREDIT REPORTING NOTICE PROVIDED ON THE ACORD 61 MA AND UNDERSTAND THAT THESE NOTICES FORM A PART OF THIS APPLICATION. I (WE) FURTHER ACKNOWLEDGE THAT I (WE) HAVE BEEN PROVIDED A SUMMARY OF THE MASSACHUSETTS MARKET ASSISTANCE PLAN (MA-MAP).

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**

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 MASSACHUSETTS, THAT THE TAX IDENTIFICATION NUMBER PROVIDED ON THIS FORM IS TRUE AND COMPLETE AND THAT I AM UNABLE TO OBTAIN INSURANCE ELSEWHERE ON BEHALF OF THE APPLICANT.

SIGNATURE OF LICENSED BROKER OR AGENT	DATE
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