



**IMPORTANT**

**IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES THE PROPERTY IS NOT INSURABLE WITH THIS ASSOCIATION**

- ARE PROPERTY TAXES UNPAID FOR TWO (2) QUARTERS OR MORE?  YES  NO
- DOES THE PROPERTY HAVE ANY OUTSTANDING FIRE OR OTHER CODE VIOLATIONS WHICH HAVE BEEN BROUGHT TO THE APPLICANT'S ATTENTION BY ANY AUTHORITY?  YES  NO
- HAS THE PROPERTY BEEN CONDEMNED OR ORDERED UNINHABITABLE BY ANY AUTHORITY?  YES  NO

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES IN 1 - 12 IN REMARKS   | YES | NO | EXPLAIN ALL "YES" RESPONSES IN 1 - 12 IN REMARKS   | YES | NO |
|--|-----|----|--|-----|----|
| 1. IS ANY BUSINESS CONDUCTED ON THE PREMISES?<br>(Including Day/Child Care)                |     |    | 10. HAS THE APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?                    |     |    |
| 2. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN PRIVATE RESIDENCE AND THEN CONVERTED? |     |    | 11. DURING THE LAST TEN (10) YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?              |     |    |
| 3. ANY OTHER INSURANCE WITH THIS COMPANY?<br>List Policy Numbers:                          |     |    | 12. ANY FIRE CODE VIOLATIONS IN THE LAST TWELVE (12) MONTHS?   |     |    |
| 4. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS?        |     |    | 13. ARE SPACE HEATERS, KEROSENE HEATERS VENTED AND AWAY FROM FURNITURE?  |     |    |
| 5. IS THERE ANY UNPAID, UNCONTESTED PREMIUM DUE?   |     |    | 14. ARE ELECTRICAL CORDS, EXTENSION CORDS IN GOOD CONDITION?   |     |    |
| 6. IS BUILDING UNDERGOING RENOVATIONS OR RECONSTRUCTION?<br>List Completion Date:          |     |    | 15. PROVIDE NAME OF AN ADMITTED VOLUNTARY MARKET INSURER THAT DECLINED TO PROVIDE HOMEOWNERS COVERAGE TO THE APPLICANT |     |    |
| 7. IS HOUSE FOR SALE?  |     |    | INSURER: _____   |     |    |
| 8. IS THERE ANY EXISTING PROPERTY DAMAGE?  |     |    | REASON FOR DECLINATION: _____  |     |    |
| 9. IS BUILDING AWAITING DEMOLITION?  |     |    | _____  |     |    |

**REMARKS**

REMARKS

**MOBILE HOME**

| YEAR   | MAKE  | MODEL   | SERIAL NUMBER   |
|--------|-------|---|---|
| LENGTH | WIDTH | TIE DOWN<br><input type="checkbox"/> FULL <input type="checkbox"/> CHASSIS ONLY <input type="checkbox"/> OVERTOP ONLY <input type="checkbox"/> NONE | CONTINUOUS MASONRY FOUNDATION<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

**APPLICANT MUST SIGN AND DATE THIS APPLICATION BELOW. READ CAREFULLY BEFORE SIGNING.**

**CERTIFICATION OF APPLICATION FOR INSURANCE**

I DECLARE AND STATE THAT: (1) I HAVE BEEN UNABLE TO OBTAIN PROPERTY INSURANCE WITHIN THE PRECEDING 60 DAYS. (2) THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (3) I UNDERSTAND THAT THE ASSOCIATION INTENDS TO RELY UPON THE INFORMATION PROVIDED BY ME IN THIS APPLICATION. I FURTHER UNDERSTAND THAT IF I PROVIDE INACCURATE OR MISLEADING INFORMATION OR FAIL TO DISCLOSE REQUIRED INFORMATION, IT WILL BE CONSIDERED LACK OF GOOD FAITH ON MY PART AND WILL VOID MY COVERAGE AND MAY SUBJECT ME TO CRIMINAL AND CIVIL PENALTIES. (4) THE PRODUCER NAMED BELOW IS NOT ACTING AS AN AGENT OF THE ASSOCIATION FOR THE PURPOSES OF THIS INSURANCE. (5) NO COVERAGE WILL BE IN EFFECT IF MY PREMIUM REMITTANCE IS DISHONORED OR SHORT OF THE FULL AMOUNT DUE. (6) THIS APPLICATION FOR INSURANCE DOES NOT BIND THE ASSOCIATION TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY. (7) ANY INSPECTION OF THE PROPERTY CONDUCTED BY THE NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION OR ITS AGENT SHALL NOT CREATE ANY LIABILITY ON THEIR PART.

IF THE APPLICANT IS AN INDIVIDUAL THE FOLLOWING PARAGRAPH APPLIES:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND (NY SUBSTANTIAL) CIVIL PENALTIES.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

IF THE APPLICANT IS A PARTNERSHIP, COMPANY OR CORPORATION, AN OFFICER OF THE FIRM SHALL SIGN CERTIFICATION, PRINTING NAME AND TITLE BELOW. SUPPLEMENTAL CORPORATE QUESTIONNAIRE (FORM NJ-1A) MUST BE COMPLETED AND FILED WHEN THE APPLICANT IS A CORPORATION, HOLDING COMPANY OR PARTNERSHIP.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

I (WE) SPECIFICALLY REQUEST THAT ONLY FIRE INSURANCE COVERAGE BE WRITTEN ON MY (OUR) DWELLING PROGRAM POLICY.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**IN THE EVENT A POLICY IS CANCELLED BY THE INSUROR, ANY BROKER OF RECORD MAY CLAIM HIS PORTION OF THE UNEARNED COMMISSION, AND THE BALANCE OF THE UNEARNED PREMIUM INCLUDING ANY BALANCE OF UNEARNED COMMISSION, SHALL BE RETURNED TO THE POLICY HOLDER.**