



United States Liability Insurance Group

1-4 Family Dwelling

All States

APPLICATION

Please complete all sections of this application and have signed by the applicant.

Named Insured: _____
 Mailing Address: _____

 Inspection Contact: _____
 Contact Phone Number: _____

Coverage Desired: Monoline Liability Monoline Property Package

Schedule of Locations

Please indicate any owner occupied locations. If that location is a 1 Family Dwelling, it is not eligible for this product

	Street Address	City	State	Zip Code	# of Units	Year Built	Construction	Sq Ft	PC	# of Stories	Annual Seasonal or Timeshare
1											
2											
3											
4											
5											

General Information Complete for all submissions

- | | Prohibited | Eligible |
|---|------------------------------|------------------------------|
| 1. Any locations in Alaska or Louisiana? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any locations with swimming pools? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any owner-occupied one family dwelling locations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any student residents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Any government subsidized residents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is this a rooming or boarding house? (Any common facilities other than laundry) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Any building with knob and tube or aluminum wiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do all buildings have 100% of the wiring on circuit breakers with 100 amp service? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9. Are smoke detectors and fire extinguishers in every unit and all common areas? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 10. Does any location allow the use of wood stoves, space heaters, or temporary heating devices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Are there any insurance company loss control recommendations outstanding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Any renovations, development plans or other construction activities being performed or proposed during our policy term? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please describe any "Yes" answers to #12: _____

13. Loss information for the past 3 years:

Year	# of Claims	Incurred Amounts	Descriptions
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Liability Information

Not Applicable

Occurrence Limit : \$100,000 \$300,000 \$500,000 \$1,000,000

- | | Prohibited | Eligible |
|--|--|------------------------------|
| 1. Are any Professional Services or meals provided to residents (i.e. assistance with daily living)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does any location have security bars on the windows? | <input type="checkbox"/> Yes (see below) | <input type="checkbox"/> No |
| If yes, do they have safety release mechanisms from the inside? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Are all locks re-keyed prior to leasing to new tenants? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. For 2-4 family dwelling locations that are over 2 stories, is there an outside fire escape? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

	Prohibited	Submit	Hit Zone	Eligible
5. Total number of locations	>100	6-100	1-5	
6. Number of stories	>4	4	1-3	
7. Total number of GL losses in the past 3 years	>1	1	0	

Property Information

Not Applicable

Coverage Option

We can consider 1-4 Family Dwelling submissions requesting Monoline Property and Package quotes for either a Commercial Lines or Personal Lines option. An account is eligible for a Personal Lines option if:

- Applicant is an Individual, Limited or Family Partnership, Trust or Estate
- Schedule is limited to only 1 location
- The Dwelling limit does not exceed \$400,000

If the 3 items above apply, please contact your Underwriter to discuss the benefits of each option

Requested Coverage: Commercial Lines Form Personal Lines Form

Building limit _____ Contents limit _____ Loss of income _____
 Coinsurance (Commercial Lines Only) 80% 90% 100%
 Cause of loss: Basic Special Exclude: Theft Wind & Hail Neither
 Property deductible: \$1,000 \$2,500 \$5,000

Please Note: * All locations within our restricted Coastal territories must exclude Wind & Hail.
 Please contact your Underwriter for clarification or a copy of our Coastal Guidelines.
 * All Personal Lines options must exclude theft.

Age of roof _____ Electrical update _____ Plumbing update _____ Heating update _____

Special Form Requirements	Eligible	Basic Only
Heating System less than 20 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing System is copper or PVC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical System is less than 35 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- | | Prohibited | Eligible |
|--|------------------------------|-----------------------------|
| 1. Any locations in Alabama, California, Hawaii, Kentucky, Mississippi, Tennessee, or West Virginia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the property in Protection Class 9 or 10? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any locations occupied on a seasonal or a timeshare basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any locations that are mobile homes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Any 1 or 2 family dwellings currently vacant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Any 3 or 4 family dwellings with an occupancy rate below 50%? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Continue to 7 and 8 for the Commercial Lines option only:

7. Are the values at any single location over \$500,000? Yes No
8. Does the applicant have tax liens on any property or filed for bankruptcy in the past 3 years? Yes No

FRAUD STATEMENT: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED APPLICATION
THROUGH LOCAL AGENT
OR BROKER TO:

APPLICANT'S SIGNATURE: _____ DATE: _____