

**HOMEOWNER PACKAGE POLICY APPLICATION**

# To Be Assigned	Agent & Code
Rewrite #	Date

**CLAVERACK COOPERATIVE INSURANCE COMPANY**

PO Box 779  
Kinderhook, New York 12106

**LINE OF BUSINESS:** H.O. \_\_\_ M.H.O. \_\_\_ T.H.O. \_\_\_ Seasonal \_\_\_ Secondary \_\_\_

(Please check the Coverage(s) you are requesting)

Did you receive a quote from this company on this insured location? \_\_\_ Y \_\_\_ N

\*Quoted Premium: \_\_\_\_\_  
Does this insured have other Insurance with this Co.? \_\_\_ Y \_\_\_ N

**Insured Name:** \_\_\_\_\_

**Insured Address:** \_\_\_\_\_

**City/ County:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Insured Date of Birth:** (If Senior Credit Applicable, Age 55): \_\_\_\_\_

<b>PAYMENT PLAN:</b> (\$8.00 Charge each installment) <b>20% Deposit Required</b> ___ Annual ___ 40-30-30 ___ 24-19-19-19-19 ___ 19-9-9-9-9-9-9-9-9 Escrow Billed: Loan #: _____ Effective Date of Escrow: _____
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Policy Effective 3 yrs.	From:		To:	
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Enter exact 911 location of Insured Premises for inspection purposes:

Color of Home: \_\_\_\_\_

**Mortgagee #1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Loan #: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mortgagee #2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Loan #: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Check Applicable lines and Answer questions pertaining to the risk)

**Peril Form:** \_\_\_ ML-1    **Deductible:** \_\_\_ \$500    **Construction:** \_\_\_ Frame    **Protection:** \_\_\_ Protected  
 \_\_\_ ML-2                      \_\_\_ \$1000                      \_\_\_ Masonry                      \_\_\_ Semi-Protected  
 \_\_\_ ML-3                      \_\_\_ \$2,500                      \_\_\_ Mobile Home  
 \_\_\_ ML-4                      \_\_\_ \$10,000                      \_\_\_ Owner Occupied

Miles to F.D. \_\_\_ Ft. from Hydrant \_\_\_ Fire District \_\_\_\_\_ Age of home \_\_\_\_\_ # of Families \_\_\_\_\_

Age of roof \_\_\_\_\_ Number of Acres \_\_\_\_\_

Must be owner occupied and have no more than 2 families. This does not apply to tenant homeowners.

Replacement cost on the dwelling is automatic if insured to at least 80% of the value and on form 2 or 3, if not it is ACV.

**Mobile Home Information:**

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Age: \_\_\_\_\_

**COVERAGE INFORMATION:**

	COVERAGE A	COVERAGE B	COVERAGE C	COVERAGE D	COVERAGE L	COVERAGE M
LIMITS						\$5,000/10,000

6/16 - CCIC \_\_\_\_\_ Check if Replacement Cost on personal property (Cov. C) is desired

**UNDERWRITING QUESTIONNAIRE-** (All Questions must be Answered, and addressed in the remarks section if needed)

**\*\*\*Loss runs must accompany all new applications.\*\*\***

1. Are there saddle animals, recreational vehicles or Special Liability Hazards?  Y  N
2. Has Agent seen the risk?  Y  N
3. Approximate Replacement Cost of Dwelling? \_\_\_\_\_
4. Name of previous carrier? \_\_\_\_\_
5. Occupation of Insured? \_\_\_\_\_
6. Heat/ Smoke detectors or other alarms?  Y  N
7. Swimming Pool?  Y  N
8. Dogs?  Y  N If yes, list breed(s) and #? \_\_\_\_\_  
Biting History  Y  N (If Yes, explain in remarks section)
9. Wood Stoves and/or Fireplace?  Y  N
10. Has any loss occurred during the last three years?  Y  N (If yes, list date, cause and amount in remarks section)
11. If more than one appurtenant private structure, please indicate and check here.  Y  N
12. Has any company rejected, canceled or asked to be relieved of this risk?  Y  N (If Yes, explain in remarks section)
13. Is there any business conducted on property or rental income received from property?  Y  N
14. If mailing address is a P.O. Box, please list city or town insured works in. \_\_\_\_\_
15. Indicate here if you would NOT like mechanical breakdown included (\$13) \_\_\_\_\_

**Remarks:** Attach Pictures Here. Also diagram if more than one building, and add any remarks applicable to questions on the application. List any additional coverages required (ie. Boat coverage, increase coverage C, etc.).

**FRAUD WARNING**

“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 violation.”

The undersigned hereby applies for Insurance Coverage as set forth in the application, and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his knowledge true.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

6/16 CCIC Signature of Agent: \_\_\_\_\_