LANDLORDS, PACKAGE POLICY APPLICATION

Deposit (20% Req'd)	# To Be Assigned	Agent	Agent Code	
Renew of #	Rewrite #	Phone	Date	

CLAVERACK COOPERATIVE INSURANCE COMPANY

PO Box 779 Kinderhook, New York 12106

Did you re Premium I			te fr	om thi	s company on	this ins	sured loc	cation? Does th	_Y	N have ot	ther Insurance wit	th this Co.? _	YN
Insured Name:						PAYMENT PLAN: (\$8.00 Installment Charge)							
Insured's Address:						A	Annual						
City/ County:						40	40-30-30 (\$200 Minimum Premium)						
Zip Code: Home Phone: Work Phone:							40-30-30 (\$150 Min. Prem Sen. Citizens)						
Insured Date of Birth: (If Senior Credit Applicable, Age 55): If previously insured with Claverack, Date of last loss: Type of Loss: Color of Dwelling: Where do owners live:													
Policy	Policy Effective From:								То:				
Loc.	P ₁	rot.	С	onst.	# Fam	Own	/Occ		S	ituated		COUNTY	COLOR
1													
2													
3													
Coverage		Loc. 7	#			esidence IDENC			C (OPTIO) PERSO PROPE	NAL) NAL	D (10%) A.L.E. & LOSS OF RENTS	L OLT B.I. & P.D.	M MED PAY PERSON/ OCCUR.
LIMITS	3												5,000/ 10,000
OF													.,
LIABILIT	ГΥ												
RATING	INF	ORMA	ATIO	ON:	FL-1A w/	VMM	()	FL-2 () FL-3 ()	C A	Co-Ins CV or I	% RCPL (CIRCLE	CONE)	
DEDUCT	IBLE	Ξ:			\$500 ()	\$1000 () \$2	2500 ()				
FT. FROM FIRE HYDRANT MILES FROM FIRE DEPT FIRE DISTRICT													
PLEASE NOTE: (1) LOSS RUNS MUST ACCOMPANY ALL NEW APPS. (2) A PICTURE MUST ACCOMPANY APPLICATION. (3) THE APPLICATION MUST BE SIGNED.													
*****	***************************************												
MORTGAGEE: LOC. 1													
	LOC. 2												
				LOC	. 3								
*****	****	*****	***	****	*****	*****	*****	******	******	*****	******	*****	*****
NOTE: P	LFA	SE DD	ΩV	IDF N	AME OF TE	'N A NT	S ON T	HE DEVI	DSF IIN	DER TI	HE DEMARKS	SECTION	

NOTE: PLEASE PROVIDE NAME OF TENANTS ON THE REVERSE UNDER THE REMARKS SECTION

THIS SECTION MUST BE COMPLETED

UNDERWRITING QUESTIONNARE	BUILDING #1	BUILDING #2	BUILDING #3
Are there saddle animals, A.T.V's or special liability hazards?			
Approximate Replacement Cost of Dwelling			
Approximate Age of Dwelling			
Name of Previous Carrier			
Occupation of Insured			
Heat or Smoke Detectors			
Swimming Pool			
Dogs? (If yes, give type)			
Fireplace			
Wood Burning Stove			
Central Heat			
Age of Furnace			
Age of Roof			
Type of Wiring			
Owner Occupied			
Has any loss occurred in the past three years? Describe below			
Has any company rejected, canceled or asked to be relieved of			
this risk?			
Do you allow Dogs?			
How many acres?			
Domarks (Attach Diatures Hara Also diagram if more than one building	1 11 1	1: 11 4 4: C	, CA 1: .: .

<u>Remarks</u>: (Attach Pictures Here, Also diagram if more than one building, and add any remarks applicable to questions on front of Application)
Also enter below the name(s) of the tenants. If the tenant's name(s) are not provided, the risk will be rated as vacant!!!

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."

Date:	Signature of Applicant:
I () Have Seen () Have Not Seen the previously listed property. I recommend the risk for insurance.
6/16 CCIC	Signature of Agent: