

MIDROX				LANDLORD PACKAGE APPLICATION				Date: _____	
INSURANCE COMPANY				AGENCY: _____				<input type="checkbox"/> ISSUE <input type="checkbox"/> QUOTE	
56 Hillcrest Drive – P.O. Box 218 Roxbury, New York 12474 PH: 607-326-4141 FAX: 607-326-4285								EFFECTIVE DATE _____	
<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL AGENCY <input type="checkbox"/> BILL 3 RD PARTY (PROVIDE NAME, ADDRESS & ZIP)				LOCATION OF PROPERTY TO BE INSURED: (if different than address left) IF RURAL, INCLUDE SPECIFIC LOCATION COUNTY: _____ FIRE DISTRICT: _____				<input type="checkbox"/> WITHIN UPSTATE CITY LIMITS	
APPLICANT NAME & ADDRESS (no., Street, Town or City, County, State, Zip Code)									
NAME ↑									
STREET W/O. ↑									
TOWN OR CITY ↑		STATE ↑							
HOME PHONE # ↑		<input type="checkbox"/> DAY <input type="checkbox"/> EVE		BUSINESS PHONE NO. ↑		<input type="checkbox"/> DAY <input type="checkbox"/> EVE			
PROPERTY COVERAGES		LIMIT		LIABILITY COVERAGE		LIMIT		R/C <input type="checkbox"/> ACV <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> DED: \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> PROT <input type="checkbox"/> SEMI-PROT <input type="checkbox"/> UNPROT <input type="checkbox"/>	
A. DWELLING				L. LIABILITY				ROOF TYPE _____	
B. OTHER STRUCTURES				M. MED PAY				YEAR BUILT _____	
C. PERSONAL PROPERTY				PER PERSON _____ PER ACCIDENT _____				BILL: ANNUAL <input type="checkbox"/>	
D. RENTAL VALUE								SEMI-ANNUAL <input type="checkbox"/>	
<input type="checkbox"/> BASIC FORM FL-1R NO VMM		<input type="checkbox"/> BASIC FORM FL-1R W/VMM		<input type="checkbox"/> BROAD FORM FL-2		<input type="checkbox"/> SPECIAL FORM FL-3		QUARTERLY <input type="checkbox"/>	
RENOVATION TYPE	PART	COM	YEAR	PRIMARY <input type="checkbox"/>	OWNER <input type="checkbox"/>			SYSTEM _____	
WIRING				SECONDARY <input type="checkbox"/>	TENANT <input type="checkbox"/> → # FAMILIES _____			FIRE _____	
PLUMBING				SEASONAL <input type="checkbox"/>	OCC DAILY <input type="checkbox"/> → # WEEKS RENTED _____			BURGLAR _____	
HEATING				SWIMMING POOL?				CENTRAL _____	
ROOFING				ABOVE GROUND <input type="checkbox"/>	IN-GROUND <input type="checkbox"/>	WOOD-BURNING YES <input type="checkbox"/>		DIRECT _____	
EXTERIOR PAINT				APPROVED FENCE <input type="checkbox"/>	DIVING BOARD <input type="checkbox"/>	STOVE? NO <input type="checkbox"/>		LOCAL _____	
1. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS?..... YES <input type="checkbox"/> NO <input type="checkbox"/> 2. DOES THE APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?..... YES <input type="checkbox"/> NO <input type="checkbox"/> 3. IS THE HOUSE FOR SALE?..... YES <input type="checkbox"/> NO <input type="checkbox"/>									
LOSS HISTORY: ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?				YES <input type="checkbox"/> (If yes, provide information below)		APPLICANT'S INITIALS" _____			
DATE		TYPE		DISCRIPTION OF LOSS		AMOUNT			
PRIOR CARRIER		PRIOR POLICY NUMBER		EXPIRATION DATE		RISK NEW TO AGENCY			
MORTGAGEE #1 (NAME & ADDRESS)						LOAN NUMBER: _____			
						ESCROW: YES <input type="checkbox"/> NO <input type="checkbox"/>			
MORTGAGEE #2 (NAME & ADDRESS)						LOAN NUMBER: _____			
ADDITIONAL INSURED (NAME & ADDRESS)									
INTEREST						FL-41 (COV A & B) <input type="checkbox"/>			
REMARKS						FL-41L (COV A, B, L, M) <input type="checkbox"/>			

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

DATE	SIGNATURE OF APPLICANT	DATE	SIGNATURE OF AGENT

PHOTOS ATTACHED I HAVE SEEN THE PROPERTY I HAVE NOT SEEN THE PROPERTY IS COVERAGE BOUND? YES NO