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[www.securitymutual.com](http://www.securitymutual.com)

## FINYS DWELLING FIRE APPLICATION

For a quote, complete the **highlighted** questions, and send to [quotes@securitymutual.com](mailto:quotes@securitymutual.com)

For policy issuance, complete all questions, attach RC estimator, and send to [applications@securitymutual.com](mailto:applications@securitymutual.com)

Bound: Yes ☐ No ☐

### Insured Tab

Effective Date: \_\_\_\_\_

Agent Code: \_\_\_\_\_

Agent Name, Address: \_\_\_\_\_  
\_\_\_\_\_

Named Insured: \_\_\_\_\_

Address of Insured Location: \_\_\_\_\_  
\_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Care of Name if Named Insured is other than an Individual: \_\_\_\_\_

### Pre-Qualification Questions: Any "yes" answer will make this exposure illegible for ANY Program:

Is the risk outside of your agency's territory? Yes ☐ No ☐

Is there dog breeding on the premises? Yes ☐ No ☐

Are any of the insured dwellings condominiums? Yes ☐ No ☐

Do any of the insured dwellings have Federal Pacific Electric (FPE) circuit breaker panels with Stab-Lok circuit breakers?  
Yes ☐ No ☐

Do any of the insured dwellings have knob and tube wiring with less than 100 amps? Yes ☐ No ☐

Are any dwellings located within one mile of tidal coastal water? Yes ☐ No ☐

Are any of the insured dwellings rented to others year-round with wind coverage? Yes ☐ No ☐

Is there any unrepaired fire or water damage? Yes ☐ No ☐

Have any insureds been convicted of fraud? Yes ☐ No ☐

Is this an active farm? Yes ☐ No ☐

Is this a hunting or sports camp open to the public? Yes ☐ No ☐

Are any of the insured dwellings rented by students? Yes ☐ No ☐

Any farm barns with business property? Yes ☐ No ☐

Are any of the insured dwellings within 100 feet of a Custom Program prohibited class? Yes ☐ No ☐

# PROHIBITED CLASSES - Custom

## BUILDING AND CONTENTS

Aircraft hangers	Junk shops or yards
All property under foreclosure proceedings	Leather tanneries
All risks declined, cancelled or non-renewed by another carrier without prior approval	Lumber yards
All risks subject to wave wash exposure	Manufacturing risks
All risks within one mile of a tidal coastline	Marinas
Amusement centers	Mobile Manufactured Homes located on Long Island
Auction houses	Racetracks and riding stables
Auto repair and auto body shops (no liability- LRO is available)	Resort properties including hotels, and bungalow colonies
Boat houses (commercial)	Riding academies
Bowling Alleys	Sales stables and barns
Canneries	Sawmills
Chemical works	Schools and colleges
Country clubs (frame, unprotected)	Shopping centers (unless fire resistive or sprinklered masonry and protected)
Dance halls or discos	Skating rinks
Dry cleaners – with cleaning operations on premises only	Slaughterhouses
Fairground buildings (frame)	Super Markets > 5,000 sq. ft and or > \$500,000 in receipts
Farm buildings, contents and produce	Theaters (unless fire resistive)
Feed mills	Tire retreading and recapping
Foundries	Warehouses – without prior approval
Geodesic Dome Homes	Welding operations
Hotels with franchise and/or restaurant	Wastepaper and rag risks
Hunting and fishing camps open to public	

### Contents Only

Army and Navy Goods	Furriers
Auction Stock	Millinery Stock
Furniture in Hotels and Boarding houses	Pawn Shops
	Wholesale drugs

## Policy Tab:

Liability Limit : \_\_\_\_\_

Medical Payments Per Person: \_\_\_\_\_

Medical Pay Per Accident: \_\_\_\_\_

## Underwriting Questions: Any “yes” answer will fit this exposure into the CUSTOM Program:

Has there been any inside water damage within the last three years? Yes ☐ No ☐

Does the siding in any of the dwellings contain asbestos? Yes ☐ No ☐

Is there an underground oil tank on the premises? Yes ☐ No ☐

Is there a vacant dwelling within 100 feet of any of the insured dwellings? Yes ☐ No ☐

In the past, have there been three or more but less than six non-pays per year? Yes ☐ No ☐

Has there been a lapse in coverage, no prior coverage? (Other than new purchase) Yes ☐ No ☐

Do any of the insured dwellings have knob and tube wiring? Yes ☐ No ☐

Do any of the insured dwellings have aluminum wiring? Yes ☐ No ☐

Have there been two or more losses within the last five years? Yes ☐ No ☐

Are any of the insured dwellings located in the following cities with less than 12 feet of separation between dwellings:

Albany, Buffalo, Mount Vernon, New Rochelle, Niagara Falls, Rochester, Schenectady, Syracuse, Troy, Utica, Yonkers?

Yes ☐ No ☐

Have there been any prior fire losses? Yes ☐ No ☐

Are there any rented dwellings with a pool? Yes ☐ No ☐

Are any of the insured dwellings a Builders Risk that will be sold upon completion? Yes ☐ No ☐

Are any of the insured dwellings a mobile home rented to others and over 12 years old? Yes ☐ No ☐

Is there any insured dwelling that will be occupied within 45 days? Yes ☐ No ☐

Any farm barns with hay storage? Yes ☐ No ☐

Are any of the insured dwellings within 100 feet of a Standard Program prohibited class? Yes ☐ No ☐

## PROHIBITED CLASSES - Standard

### BUILDING AND CONTENTS

Aircraft hangers	*Laundromats (unattended)
All property under foreclosure proceedings	Leather tanneries
All risks declined, cancelled or non-renewed by another carrier without prior approval	Lumber Yards
All risks subject to wave wash exposure	Manufacturing risks
All risks within one mile of a tidal coastline	Marinas
Amusement centers	Mobile Manufactured Homes located on Long Island
*Asbestos –any structure with siding containing asbestos	*Pool rooms, billiard parlors
Auction houses	Racetracks and riding stables
Auto repair and auto body shops (LRO is available)	Resort properties including hotels, boarding houses, and bungalow colonies
*Barns with hay storage	Riding academies
Boat houses (commercial)	*Rooming or boarding houses
Bowling alleys	*Sales stables and barns
*Builder's Risk to be sold upon completion	Sawmills
Canneries	Schools and colleges
Chemical works	*Shopping centers (unless fire resistive or sprinklered masonry and protected) *
*Commercial Laundries (unless modern masonry and protected)	Skating rinks
*Convenience stores with gas pumps	Slaughterhouses
Country clubs (frame, unprotected)	*Student housing
Dance halls or discos	*Swimming pools on rented premises
Dry cleaners – with cleaning operations on premises only	Theaters (unless fire resistive)
Fairground buildings (frame)	Tire retreading and recapping
Feed mills	Trailers/mobile homes: more than 12 years old, rented to others, or seasonal.
Foundries	Upholstery shops
Geodesic Dome Homes	*Vacant buildings
Grocery and supermarkets (over \$500,000 in receipts)	Warehouses – without prior approval
Hotels with franchise and/or restaurant	Watercrafts in salt water, Long Island Sound or coastal waters
Hunting and fishing camps open to public	Welding operations
Junk shops or yards	Wastepaper and rag risks
	Woodworking risks of all kinds except as part of an Artisan Contractor

\* Refer to Custom Programs for availability

### CONTENTS ONLY

Army and navy goods	Millinery stock
Antique stock	Pawnbrokers
Auction stock	Supermarket and grocery stock
Furniture in hotels and boarding houses	Wholesale drugs
Furriers	

Please enroll me in the Third-Party Notification Program.

Designated Third Party.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

**Location Tab:**

Protection Class: \_\_\_\_\_  
Distance to Nearest Fire Hydrant: \_\_\_\_\_  
Distance to Nearest Fire Department: \_\_\_\_\_  
Fire Department Name: \_\_\_\_\_  
County: \_\_\_\_\_

**Available Endorsements**

FL-14LP Insurance By More than One Company  
Company: \_\_\_\_\_  
Percentage each: \_\_\_\_\_ Company taking the liability: \_\_\_\_\_

FL-41 Additional Insured  
FL-41L Additional Insured  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Interest: \_\_\_\_\_

ML-SM-1 Exclusionary Endorsement 1 – Dog Exclusion  
Name, Breed, Markings, Reason: \_\_\_\_\_

Is the premises a personal hunting camp? Yes ☐ No ☐  
Does the premises contain a bed & breakfast, a daycare, a farm, or a retail operation? Yes ☐ No ☐  
Is there any daycare or babysitting for hire performed on the insured premises? Yes ☐ No ☐  
Is there a trampoline on premises? Yes ☐ No ☐  
Is there an above-ground pool on the premises? Yes ☐ No ☐  
Is there a removable ladder or locking gate to the pool deck? Yes ☐ No ☐  
Is there an in-ground pool on the premises? Yes ☐ No ☐  
Is there proper fencing and a locked gate (restricted access)? Yes ☐ No ☐  
Are there any dogs on the premises? Yes ☐ No ☐  
Has/Have the dog(s) ever bitten, nipped or shown vicious propensities? Yes ☐ No ☐  
Has/Have the dog(s) been trained to guard or attack people, property or other animals? Yes ☐ No ☐  
Has/Have the dog(s) been designated as "dangerous dog(s)" by a legal authority? Yes ☐ No ☐  
Is/are dog(s) male or female? \_\_\_\_\_  
Is/are the dog(s) spayed or neutered? Yes ☐ No ☐  
Name(s) of Dog(s): \_\_\_\_\_  
Age(s) of Dog(s): \_\_\_\_\_  
Weight(s) of dog(s): \_\_\_\_\_  
Color/Markings: \_\_\_\_\_  
Up to date with shots? Yes ☐ No ☐  
Licensed? Yes ☐ No ☐  
How long have you owned this/these dog(s)? \_\_\_\_\_  
Where is/are the dog(s) kept? \_\_\_\_\_  
Are there any other pets or animals (excluding cats) on the premises? Describe \_\_\_\_\_

**Dwelling Tab: (add one page for each dwelling at this location)**

**Building Description:**

**Coverage:**

Coverage A Dwelling: \_\_\_\_\_

Valuation: ACV or RC: \_\_\_\_\_

Replacement Cost per Estimator: \_\_\_\_\_

Market Value: \_\_\_\_\_

Coverage C - Personal Property: \_\_\_\_\_

Coverage D - Additional Living Expense/Loss of Rents: \_\_\_\_\_

FL-OLT or FL-CPL? \_\_\_\_\_

**Details:**

**Occupancy:**

☐ Owner

☐ Tenant

☐ Vacant

☐ Unoccupied/under Renovation

☐ Builders Risk (completed value)

Is dwelling completed enclosed? Yes ☐ No ☐

Does SMG insure the current primary home? Yes ☐ No ☐

Is this dwelling for use by the insured? Yes ☐ No ☐

☐ Seasonal If yes, Is the primary residence insured with another agency? Yes ☐ No ☐

☐ Seasonal Rental

☐ Under Construction

**Coverage Form:** FL-1R BASIC, FL-2B BROAD, FL-3B SPECIAL: \_\_\_\_\_

If FL-1R, EC? Yes ☐ No ☐

If FL-1R, VMM? Yes ☐ No ☐

Construction Type: Frame or Masonry: \_\_\_\_\_

Construction Year: \_\_\_\_\_

Fire Protective Devices: \_\_\_\_\_

Number of Families: \_\_\_\_\_

Deductible: \_\_\_\_\_

**Additional Details**

Roof Type: \_\_\_\_\_

Year Heating Last Updated: \_\_\_\_\_

Year Plumbing Last Updated: \_\_\_\_\_

Year Roof Last Updated: \_\_\_\_\_

Year Electrical Last Updated: \_\_\_\_\_

## Dwelling Questions:

Is the property on piers? Yes ☐ No ☐

Solid fuel burning stove? Yes ☐ No ☐

Does it serve as the only source of heat? Yes ☐ No ☐

The manufacturer's name: \_\_\_\_\_

Was the stove professionally installed? Yes ☐ No ☐ If not, provide photo

Is the stove at least 18" above the floor or if less, at least 4" above a noncombustible slab? Yes ☐ No ☐

If a noncombustible slab is present, does it extend at least 6" from sides and back of stove and 18" from front?

Is the stove at least 36" from all walls, furniture, curtains, wood fuel and all other combustibles? Yes ☐ No ☐

Where is the stove vented? \_\_\_\_\_

If vented through a chimney, does it have a flue and has it been checked for cracks or breaks? Yes ☐ No ☐

If vented through a stovepipe, does it pass through a concealed space, floor or attic? Yes ☐ No ☐

When was the chimney last cleaned? \_\_\_\_\_

What type of insulation is there between the pipe and any wall it passes through? \_\_\_\_\_

Is there at least 18" between the top of the pipe and the ceiling? Yes ☐ No ☐

Is there a damper on the stove or stove pipe? Yes ☐ No ☐

Please comment on all "no" answers and add any additional comments you care to make:

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Is the insured the owner of the building? Yes ☐ No ☐

Is there an incidental office occupancy? Yes ☐ No ☐

Is the dwelling new construction? Yes ☐ No ☐

Is the risk under renovation? Yes ☐ No ☐

Date work began: \_\_\_\_\_

Expected completion: \_\_\_\_\_

Who will occupy risk once complete? \_\_\_\_\_

Is the insured a contractor? Yes ☐ No ☐

Is there any work at heights? Yes ☐ No ☐

Add Related Private Structures? Yes ☐ No ☐

Description: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Limit: \_\_\_\_\_

Contents: (Hay, Business Property, Solid Fuel): \_\_\_\_\_

**Additional Parties – Finance Providers – Mortgagees**      **Bill the mortgagee?** Yes ☐ No ☐

Name, Address: \_\_\_\_\_

Loan no.: \_\_\_\_\_

## Optional Coverages:

FL-16 Incidental Business Activity: ☐

ML-50 Homeowners Association Loss Assessment Coverage: ☐

ML-SM-2: ☐

ML-SM-5: ☐

ML-SM-6: ☐

## Application Questions

Have there been any losses or claims submitted in the past five (5) years for any applicant or property on this quote?

Yes ☐ No ☐ : Date, cause of loss, payment, remediation for each: \_\_\_\_\_

Any carrier declined, cancelled or non-renewed risk for any reason? Yes ☐ No ☐

Explain: \_\_\_\_\_

Prior carrier: \_\_\_\_\_

Prior policy number: \_\_\_\_\_

Property purchase year: \_\_\_\_\_

Purchase price: \_\_\_\_\_

**Outdoor Wood Boiler?** Yes ☐ No ☐

Is the boiler attached to a centralized heating system (duct work or hot water baseboard systems) that distributes the heat through the entire home? Yes ☐ No ☐

Does the boiler have a firebox large enough to sustain the heat for more than 24 hours? Yes ☐ No ☐

Was the boiler professionally installed? Yes ☐ No ☐

Is the boiler a UL or other approved manufactured furnace? Yes ☐ No ☐

Is the boiler a minimum of 25 feet from the nearest structure (unless built since 2015 with a photo of the UL plate stating that the installation clearances to combustibles are 18 inches from the back, 48 inches from the front, 6 inches from the sides, and 18 inches from the chimney connector)? Yes ☐ No ☐

Attach photo of UL plate if less than 25 feet.

Is the boiler a free-standing unit (unless manufacturers' guidelines state otherwise with copy of proof provided)? Yes ☐ No ☐

Is the boiler designed for burning wood (pellets, garbage, old tires etc. are not recommended)? Yes ☐ No ☐

## Solar panels?

Are the panels mounted on the roof? Yes ☐ No ☐

Were the panels professionally installed? Yes ☐ No ☐

Who owns the panels? \_\_\_\_\_

Is the life expectancy of the roof the same or greater than the life expectancy of the solar panels? Yes ☐ No ☐

Is there an external shut-off to prevent electrocution of first responders? Yes ☐ No ☐

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 hereto, 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 INFORMATION REQUESTED ON THIS APPLICATION IS MATERIAL TO SECURITY MUTUAL INSURANCE COMPANY IN ITS DECISION WHETHER TO ISSUE A POLICY OF INSURANCE. READ OVER THE APPLICATION CAREFULLY BEFORE SIGNING IT. By signing this application you confirm (1) that all information supplied, to the best of your knowledge, is true and (2) you have received a copy of Security Mutual's Privacy Notice.**

**Insured's Signature Required.**

Insured's Signature \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Insured's Phone # \_\_\_\_\_

## New Application Initial Deposit

☐ **Electronic Check (attach a copy of a voided check)**

I (we) hereby authorize Security Mutual Insurance Company, hereinafter called COMPANY, to initiate a debit entry, in the amount of \$ \_\_\_\_\_, to my (our) \_\_\_\_\_ Checking account \_\_\_\_\_ Savings Account (select one) at the depository financial institution named below hereinafter called DEPOSITORY, and to credit the same to such account and to initiate, if necessary, debit entries/adjustments for any credit entries in error the same to such account. I (we) acknowledge the origination of ACH Transactions to my (our) account must comply with the provisions of the law.

Bank Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name(s) as it appears on the account: \_\_\_\_\_  
Policyholder Address (street,city,zip): \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ **Credit Card** \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Mastercard Amount: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Cardholder Address (street,city,state,zip): \_\_\_\_\_

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**CARD VERIFICATION VALUE** (located on back of card): \_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

### Installment Plans

**Policyholder Billed ONLY- Please select ONE, Minimum Premium Amount Applies**

☐ **Full Pay**

**100% Down**

☐ **Biannual (BOP, Artisan, SMP, Landlord Only)**

**60% Down, \$200 minimum**

☐ **Quarterly (BOP, Artisan, SMP, Landlord Only)**

**40% Down, \$200 minimum**

☐ **Monthly 3Pay**

**40% Down, \$100 minimum**

☐ **Monthly 6Pay**

**25% Down, \$200 minimum**

☐ **Monthly 9Pay**

**25% Down, \$400 minimum**

### Installment Option - Auto Pay

(credit card not available for autopay)

**EFT/ACH Payments (attach a copy of a voided check)**

☐ I (we) hereby authorize Security Mutual Insurance Company, hereinafter called COMPANY, to initiate debit entries to my (our) \_\_\_\_\_ Checking account \_\_\_\_\_ Savings Account (select one) at the depository financial institution named below hereinafter called DEPOSITORY, and to credit the same to such account and to initiate, if necessary, debit entries/adjustments for any credit entries in error the same to such account. I (we) acknowledge the origination of ACH Transactions to my (our) account must comply with the provisions of the law.

*This authority is to remain in full force and effective until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. ACH payments may be terminated, at the discretion of the COMPANY, if such payments are returned for insufficient funds.*

**Policyholder Name:** \_\_\_\_\_ **Policy Number(s):** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_