



## 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 NOT 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   
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 \_\_\_\_\_  
Any farming or business conducted on premises? Yes  No   
Is this a new purchase? Yes  No  If yes, purchase price? \_\_\_\_\_ Purchase Date: \_\_\_\_\_

**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: \_\_\_\_\_

Square footage: \_\_\_\_\_

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

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

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

Does the risk have central heat? Yes  No

**Additional Details**

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

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

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

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

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

Electrical Type: \_\_\_\_\_

**If Broader than FL-1R BASIC and seasonal:**

Has an automatic water shut-off device been installed? Yes  No

Has the water supply system been winterized/draind and water turned off OR has a 24-hour low temperature monitoring system installed with automatic fuel delivery? Yes  No

**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? Yes  No

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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Does insured own the land on which the risk is located? Yes  No

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

Describe renovations: \_\_\_\_\_

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: \_\_\_\_\_

If address given without a house number, give specific directions: Use N/E/S/W: \_\_\_\_\_

Size of Dwelling: \_\_\_\_\_

**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): \_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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

## Installment Plans

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Full Pay</b><br><br><b>100% Down</b>                   | <input type="checkbox"/> <b>Biannual (BOP, Artisan, SMP, Landlord Only)</b><br><br><b>60% Down, \$200 minimum</b> | <input type="checkbox"/> <b>Quarterly (BOP, Artisan, SMP, Landlord Only)</b><br><br><b>40% Down, \$200 minimum</b> |
| <input type="checkbox"/> <b>Monthly 3Pay</b><br><br><b>40% Down, \$100 minimum</b> | <input type="checkbox"/> <b>Monthly 6Pay</b><br><br><b>25% Down, \$200 minimum</b>                                | <input type="checkbox"/> <b>Monthly 9Pay</b><br><br><b>25% Down, \$400 minimum</b>                                 |

## 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:** \_\_\_\_\_