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CONEXCO INSURANCE AGENCY
 114 Turnpike Road, Suite 109
 Westborough, MA 01581
 508-616-0016 • 800-888-7830
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NEW HAMPSHIRE UNDERWRITERS INSURANCE AGENCY
 116 South River Rd., Bldg. D, Suite 6A
 Bedford, NH 03110
 603-622-2231 • 800-562-2254
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CONNECTICUT UNDERWRITERS, INC.-PA
 600 W. Germantown Pike, Suite 400
 Plymouth Meeting, PA 19462-1046
 610-260-1499 • 800-736-7157
 Fax 610-828-8257
 Email info@ctunderwriters-pa.com

Homeowner Application

Applicant's Name: _____
 Mailing Address: _____

 Contact Phone: _____

Agent Name: _____
 Address: _____

 Agency Code: _____

PROPOSED EFFECTIVE DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

General Information:

Billing Method: Insured Mortgagee Agent
 Type of Submission: New Business Renewal Rewrite Previous Policy No.: _____
 Requested Coverages: HO-3 HO-4 HO-6 HO-8 HO-A (TX Only)
 HO-B (TX Only) HO-BT (TX Only) HO-B-CON (TX Only)
 Deductible: All Perils _____ Wind and Hail _____ Theft Deductible _____
 Describe Location: Same as mailing address

Street _____

 City _____ County _____ State _____ Zip _____

 Phone _____

Underwriting Information:

Year Built _____
 Square Footage _____
 Number of Families _____
 Number of Stories _____
 Type of Roof _____
 Territory Number _____
 Protection Class _____
 Miles from Fire Dept. _____
 Feet from Hydrant _____
 Fire District or Town _____

Construction:
 Frame
 Masonry
 EIFS
 Brick Veneer (TX only)
 Mobile Home (TX only)
 Other _____

Wood Stove? Yes No
 If Yes, is this the Primary source of heat? Yes No
 Submit two photos of wood stove along with wood stove questionnaire.

Rating Information:

Property Coverage:

| | Limits | Premiums |
|--|---------------|-----------------|
| Dwelling | \$ _____ | \$ _____ |
| Other Structures | \$ _____ | \$ _____ |
| Personal Property | \$ _____ | \$ _____ |
| Loss of Use | \$ _____ | \$ _____ |
| Theft by Burglary (above \$5,000 where applicable) | \$ _____ | \$ _____ |
| Satellite/Antenna | \$ _____ | \$ _____ |

Replacement Cost:

| | | |
|--------------------------------------|----------|----------|
| Dwelling Only | \$ _____ | \$ _____ |
| Dwelling & Contents | \$ _____ | \$ _____ |
| All Direct Causes of Loss (All Risk) | \$ _____ | \$ _____ |

Liability Coverage:

| | Limits | Premiums |
|--------------------------------------|---------------------------------|-----------------|
| Personal Liability | \$ _____ | \$ _____ |
| Home Day Care | _____ /# of Children (Max of 5) | \$ _____ |
| Medical Payments | \$ _____ /Per Person | \$ _____ |
| In Home Business: | | |
| Business Property | \$ _____ | \$ _____ |
| Liability Aggregate (Policy Maximum) | \$ _____ | \$ _____ |

Additional Charges/Credits:

| | |
|--|----------|
| Deductible Credits (not applicable to Liability) | \$ _____ |
| Misc. Credit/Surcharges (wood stove, etc.) | \$ _____ |
| State Tax (where applicable) | \$ _____ |
| Policy Fee (if applicable) | \$ _____ |
| Other Fees | \$ _____ |
| Total Premium: | \$ _____ |

Additional Interests—Mortgagee/Loss Payees:

Interest #1:

Name: _____
Address: _____

Loan Number: _____

Type of Interest: _____

Interest #2:

Name: _____
Address: _____

Loan Number: _____

Type of Interest: _____

Miscellaneous Coverages (check box if applicable):

- | | | |
|--|--|---|
| <input type="checkbox"/> Mine Subsidence (where applicable) | <input type="checkbox"/> Exclude Wind | <input type="checkbox"/> Earthquake (if available) Zone: _____ |
| <input type="checkbox"/> Tenant Relocation (MA only) | <input type="checkbox"/> Offshore Island | EQ Additional Living Expense Limit: \$ _____ |
| <input type="checkbox"/> Claim free Renewal Credit (where applicable) | Wind/Hail Deductible: Dollar Amount \$ _____ | EQ Contents Limits: \$ _____ |
| <input type="checkbox"/> Fire Alarm: <input type="checkbox"/> Central <input type="checkbox"/> Local | Percent Amount _____ % | EQ Deductible: \$ _____ |
| <input type="checkbox"/> Burglar Alarm: <input type="checkbox"/> Central <input type="checkbox"/> Local | Distance to Coastal Waters: Feet: _____ Miles: _____ Zone: _____ | <input type="checkbox"/> Reconstruction Costs (CA only) |
| <input type="checkbox"/> Senior Citizen Credit (where applicable) | <input type="checkbox"/> Workers Compensation (CA only) | |
- Fire Station: _____ miles
Fire District: _____
Fire Hydrant: _____ feet
Number of In-Servants: _____
Number of Out-Servants: _____

Previous/Current Carrier and Loss History Information:

Previous/Current Carrier: _____ Policy Number: _____ Expiration Date: _____

Any Previous/Current Carrier declined, canceled, or nonrenewed coverage within the last three years? Yes No
 If Yes, give reason(s): _____

(not applicable in Missouri and California)

Any losses in the last three years? Yes No
 If Yes, please provide the information requested below:

| Date of Loss | Claim Type—Description of Loss | Amount Paid | Amount Reserved |
|--------------|--------------------------------|-------------|-----------------|
| | | | |
| | | | |
| | | | |

Additional Information:

Any bankruptcy or foreclosure proceedings filed? Yes No
 Reason: _____
 Discharged? Yes No
 Is applicant delinquent on mortgage or tax payments? Yes No
 Has anyone with a financial interest in the property been convicted of fraud, arson or other crime related to any loss on any property during the past five years? Yes No
 Swimming pool, hot tub or spa on premises? Yes No
 Pool fenced? Yes No
 Automatic locking gate? Yes No
 Steps have secured handrails? Yes No
 Any lake, pond or dock on premises? Yes No
 Trampoline on premises? Yes No
 Is the dwelling set on land in excess of five acres? Yes No
 Are there any animals kept on premises? Yes No

If Yes, list all:
 Animal Breed: _____ Number: _____
 Bite History? Yes No
 Animal Breed: _____ Number: _____
 Bite History? Yes No
 Other: _____

Any businesses on premises? Yes No
 Type of business (include Day Care): _____

Other structures (garages, shed, etc.) on premises? Yes No
 If Yes, please list in comments.

Electrical service on circuit breakers? Yes No
 Is location primary residence of owner/ applicant? Yes No
 Modular or farm dwelling? Yes No
 Any existing fire, water or structural damage? Yes No
 Working smoke detectors on premises? Yes No
 Brush or landslide exposure? Yes No
 Any dwelling or structure built on stilts? Yes No
 Provide year of building updates (if over 20 years):
 Wiring: _____ Plumbing: _____ Roofing: _____ Heating: _____
 Partial Full Partial Full Partial Full Partial Full
 Has property been seen by agent? Yes No
 If Yes, date agent last inspected property: _____

Please indicate the condition of the following as either good, fair, or poor:

| | Good | Fair | Poor |
|---------------------|--------------------------|--------------------------|--------------------------|
| Dwelling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outbuildings..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Premises | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housekeeping..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary Home..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Applicant Information:

Applicant's Occupation: _____ Co-Applicant's Occupation: _____

Previous Address (if less than three years): _____
(Street, City, County, State, Zip)

Additional Comments:

Notice of Insurance Information Practices:

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

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 subjects such person to criminal and civil penalties.

Applicant's Statement:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

Application must be fully completed, signed and have required photos attached.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents Only)