

# CUSTOM DWELLING FIRE APPLICATION

Not Eligible for our Standard Program

**Named Insured and Mailing Address:**

(Number, Street, Town or City, County, State, Zip Code)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-Mail to: applications@securitymutual.com

Mail to: PO Box 4620, Ithaca, New York 14852-4620

Fax to: 607.257.5002

Bound: Yes ( ) No ( )



**SECURITY  
MUTUAL  
INSURANCE  
COMPANY**

Established 1887

607-257-5000

www.securitymutual.com

**Policy Period: From** \_\_\_\_\_ **to** \_\_\_\_\_

**The described premises covered by this policy is located at the address below.**

(Number, Street, Town or City, State, Zip Code)

<u>Prot. Class</u> (P, SP, or U)	<u>Construction</u> (Masonry or Frame)	<u>No. of Families</u>	<u>Deductible</u>

**Refer to our underwriting program guide for eligibility prior to submitting the application.**

Coverages	A	B	C	D	L	M	
	Residence	Related Private Structures	Personal Property	Add'l. Living Expense or Loss of Rents	Bodily Injury & Bodily Damage OLT	Medical Payments	
						Each Person	Each Accident
Limit of Liability							

\_\_\_\_\_ Feet from Fire Hydrant      \_\_\_\_\_ Miles from Fire Dept.      \_\_\_\_\_ Fire District

**Personal Liability (FL-CPL) (Owner-Occupied, 1-2 Family Only)** \_\_\_\_\_ **(Coverage Amount Above)**

**Causes of Loss Form**      **E.C.**      **Vandalism**      **Residence Replacement Cost Provision**

FL-1R \_\_\_\_\_ (FL-1R)      (FL-1R)      \_\_\_\_\_ Replacement Cost - attach Estimator

FL-2B \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Actual Cash Value - **RC DOES NOT APPLY**

FL-3B \_\_\_\_\_ No \_\_\_\_\_ No \_\_\_\_\_

**Size of Dwelling** \_\_\_\_\_ sq. ft.      **Year of Construction** \_\_\_\_\_      **Purchase Price \$** \_\_\_\_\_      **Date Purchased** \_\_\_\_\_

**Age of Roof** \_\_\_\_\_ Yrs.      **Year of System Updates** \_\_\_\_\_      **\*Electrical** \_\_\_\_\_      **Plumbing** \_\_\_\_\_      **Heating** \_\_\_\_\_

**Knob and Tube Wiring?** \_\_\_\_\_ Yes \_\_\_\_\_ No      \* 100 amp minimum service required - must be either circuit breakers or fuses

**Builder's Risk?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Protective Device?** \_\_\_\_\_ Yes \_\_\_\_\_ No      **Dwelling Under Construction?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe \_\_\_\_\_      Date Construction Began \_\_\_\_\_

\_\_\_\_\_      Coverage A value when finished: \$ \_\_\_\_\_

**Under Renovation?** \_\_\_\_\_ Yes \_\_\_\_\_ No      **Type of Renovations** \_\_\_\_\_

If yes, dates from \_\_\_\_\_ to \_\_\_\_\_      **Is Insured a Contractor?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Who will live in dwelling when done? \_\_\_\_\_

**Mobile Home:** Year \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_

<b>Mortgagee Name &amp; Address</b>	_____ Yes _____ No	<b>Mortgagee Billed?</b>	_____ Yes _____ No
New Escrow Acct. - Bill Second Year <input type="checkbox"/> Yes			

<b>Additional Insured / Insurable Interest? Alternate Payor Name &amp; Address</b>	_____
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**Additional Information:**

\_\_\_\_\_

# Underwriting Information

(APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED)

**Is Dwelling Occupied?** Yes \_\_\_\_ No \_\_\_\_ **Vacant?** Yes \_\_\_\_ No \_\_\_\_  
Owner \_\_\_\_ or Tenant(s) \_\_\_\_ **If yes, reason:** \_\_\_\_\_  
Seasonal? Yes \_\_\_\_ No \_\_\_\_ \_\_\_\_\_

**Have you had any losses in the past 5 years, at this property, or any property in which you had a financial interest?**  
Yes \_\_\_\_ No \_\_\_\_ **If yes, indicate date, type, and amount of loss** \_\_\_\_\_  
\_\_\_\_\_

**Has any coverage been declined, cancelled, or non-renewed by any carrier in the past 5 years?**  
Yes \_\_\_\_ No \_\_\_\_ **If yes, indicate date(s) and reason(s)** \_\_\_\_\_  
\_\_\_\_\_

**Previous Carrier** \_\_\_\_\_ **Last date you had insurance** \_\_\_\_\_

**Any business on premises?**  
Yes \_\_\_\_ No \_\_\_\_ **If yes, describe** \_\_\_\_\_

**Any other buildings on property?** **If yes, describe** \_\_\_\_\_  
Yes \_\_\_\_ No \_\_\_\_

**Any dog(s) residing, harbored, kept on premises?**  
Yes \_\_\_\_ No \_\_\_\_ **If yes, Company Dog Questionnaire must be submitted**  
Breed of Dog(s) \_\_\_\_\_  
Bite History to Humans and/or Other Animals? Yes \_\_\_\_ No \_\_\_\_ **If yes, describe** \_\_\_\_\_  
\_\_\_\_\_

**Woodburning Stove or Pellet Stove?** Yes \_\_\_\_ No \_\_\_\_  
**If yes, Woodburning Stove Questionnaire must be submitted** **Space Heater?** Yes \_\_\_\_ No \_\_\_\_

**Any swimming pool(s) on premises?** Yes \_\_\_\_ No \_\_\_\_  
**If yes, Above Ground?** \_\_\_\_ **In Ground?** \_\_\_\_ **Fenced?** \_\_\_\_ **Locking Gate?** \_\_\_\_ **Diving Board?** \_\_\_\_ **Slide?** \_\_\_\_

**Any trampoline(s) on premises?**  
Yes \_\_\_\_ No \_\_\_\_ **If yes and this policy provides liability coverage, I understand that an Exclusion will be attached, and any losses resulting from or related to the trampoline(s) will not be covered.**

X \_\_\_\_\_  
Signature of Applicant

**INSPECTION CONTACT - Name & Phone Number** \_\_\_\_\_

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.

**NAME & ADDRESS OF AGENT:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURED'S**  
**SIGNATURE:** X \_\_\_\_\_  
**AGENT'S**  
**SIGNATURE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**Down Payment plus Fees**  
**Must Accompany Application.**  
 **Yes - pay by EFT, signed form required**

**BROKER OR OTHER AUTHORIZED REPRESENTATIVE OF THE INSURED:**  
**Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_



Established 1887

## SECURITY MUTUAL INSURANCE COMPANY Privacy Protection Policy

At Security Mutual, providing for your security is our highest concern. We have been protecting policyowners since 1887, and that includes protecting the privacy and confidentiality of our customers' personal information. Therefore, we are pleased to publish Security Mutual's Privacy Notice, which describes how Security Mutual, its subsidiary, Security Mutual Brokers Services, and association, New York Mutual Underwriters, handle the information we receive about you.

### Information Collection

- ◆ We collect and use information about you in order to provide you with insurance and other services.
- ◆ We obtain most of the information from you, primarily from the application you complete when you apply for our products or services.
- ◆ **Transaction Information:** This is information about your transactions with us, our affiliates, or others. It includes your insurance coverage selections and premiums, payment and claims history, and information necessary for billing and payment. It may also include additional information used to adjust, investigate, and settle insurance claims, such as witness statements and police reports. Transaction information may be disclosed as described below.
- ◆ **Consumer Report Information:** This is information we receive from a consumer reporting agency, and is used to confirm or supplement application information. It includes motor vehicle reports and/or claims history reports. We will disclose consumer report information only as necessary to quote or service your insurance policy and as permitted or required by law. To underwrite your insurance and provide an accurate insurance quote, consumer report information may be shared with our affiliated insurance underwriting association. By obtaining a quote or applying for insurance with us, you consent to our sharing of this information with our affiliated insurance underwriting company.

### Information Protection

- ◆ To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with state regulations. We have also appointed a corporate privacy officer to monitor compliance with the Company's privacy policy.
- ◆ All employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate reason for doing so, such as responding to a customer request.

### Information Disclosure

- ◆ We will not sell your personal information.
- ◆ We will not disclose your personal information except as necessary for conducting business or where permitted by law. For example, we may disclose your personal information to your agent, our employees or our service providers so they can service your business or respond to your questions or requests. We require the recipients of such information to protect the information and use it only for the purpose provided.

### Future Notification

Each year, we will provide you with a summary of our privacy policy.

### For More Information

If you have any questions about Security Mutual's privacy policy, please contact us or write to our privacy officer at Security Mutual Insurance Company, Post Office Box 4620, Ithaca, New York 14852-4620.