

SECURITY MUTUAL GROUP



SECURITY
MUTUAL
INSURANCE
COMPANY

Established 1887

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SECURITY
COOPERATIVE
INSURANCE
COMPANY

Established 1910

Policy change request to add new locations to existing Landlord Package.

For policy issuance, complete all questions, attach RC estimator, and send to endorsements@securitymutual.com

Payor: Policyholder Mortgagee if different from the current policy, a whole new application is required.

Bound: Yes No

Effective Date: _____

Agent Code: _____

Agent Name, Address: _____

Named Insured: _____ Current Policy Number: _____

Address of Insured Location: _____

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

Are any of the insured dwellings a single-wide mobile home? Yes No

Are any of the insured dwellings a double-wide mobile home that is not on a continuous masonry foundation?

Yes No

Is there a day care on any of the premises? Yes No

Is there dog breeding on any of the premises? Yes No

Are any insured dwellings closed for at least one season? Yes No

Are any of the insured dwellings condominiums? Yes No

Is there a builder's risk (new construction) that will take longer than six months before completion and occupancy by tenants? 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

Underwriting Questions: Any "yes" answer will fit this exposure into the CUSTOM Program:

(If policy is issued in the standard program, a new policy is required)

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

Are any dwellings rented to students? 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
Will any of the insured dwellings be under renovation, unoccupied, or vacant for longer than 45 days? 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
Is Coverage A on any insured dwelling less than \$75,000? Yes No
Are any of the dwellings located in Zone 2 with less than 12 feet of separation between dwellings? Yes No
Is there a pool on the premises with a tenant that is not related to the named insured? Yes No

Optional Coverages:

ML-50 02/20 Homeowners Association Loss Assessment Coverage

Location Tab:

Protection Class: _____
Distance to Nearest Fire Hydrant: _____
Distance to Nearest Fire Department: _____
Fire Department Name: _____
County: _____

Available Endorsements

FL-41 01/92 Additional Insured
FL-41L 07/98 Additional Insured
FL-44 09/07 Additional Insureds

Name: _____
Address: _____
Interest: _____

FL-50A 01/92 Construction Of Residences On Vacant Land
Description of Land: _____

SMIC-FL-38 06/19 Additional Interest (notification only)
Name: _____
Address: _____

ML-SM-5 10/81 Exclusionary Endorsement 5 (Structures with Business Property)
Description: _____

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

Coverage A Dwelling: _____

Valuation: ACV or RC: _____

Replacement Cost per Estimator: _____

Coverage B - Related Private Structure: _____

Increased Coverage B: _____

Description: _____

Limit: _____

Contents: _____

Coverage C - Personal Property: _____

Increased Coverage C: _____

Replacement Cost Contents: _____

Coverage D - Additional Living Expense/Loss of Rents: _____

Increased Loss of Use - Coverage D: _____

Replacement Cost: _____

Occupancy:

Owner

Tenant

Vacant

Unoccupied/under Renovation

Coverage Form: FL-1R BASIC, FL-2B BROAD, FL-3B SPECIAL: _____

Construction Type: Frame or Masonry: _____

Construction Year: _____

Fire Protective Devices: _____

Does the lease agreement contain a provision requiring tenants to maintain a tenant homeowners' policy which includes liability coverage? Yes No

A copy of the lease is required within 60 days.

Number of Families: _____ Number of units occupied by tenants: _____

Deductible: up to \$10,000: _____

Additional Details

Square Footage: _____

Electrical Type: _____

Year Circuit Breaker Box Was Installed: _____

Heating Type: _____

Year Furnace Was Installed: _____

Is there any asbestos anywhere in the home? Yes No

Is there any lead on the premises? Yes No

Plumbing Type: _____

Year Hot Water Heater Was Installed: _____

Roof Type: _____

Year Roof Last Updated: _____

Does the roof have existing damage from either weather conditions or trees? Yes No

Type of Wiring: _____

Year Wiring Last Updated: _____

Optional Coverages:

Earthquake Coverage:

Diving Board or Pool Slide Liability:

Underwriting Questions

Is the insured dwelling built on piers? Yes No

Does the insured dwelling lack central heat? Yes No

Is the insured dwelling only accessible by boat? Yes No

Is the insured dwelling attached with a flat roof? Yes No

Is the insured dwelling's roof older than 25 years? Yes No

Is the insured dwelling located in a zone 2 upstate city? Yes No

Is this a tenant occupied risk that also has a solid fuel burning stove or solid fuel burning furnace?

If Yes: Yes No

The manufacturer's name: _____

Was the stove professionally installed? Yes No If not, send 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

Is student housing provided at the insured premises? Yes No

Total number of students residing in building: _____

Number of graduate students: _____

Number of undergraduate students: _____

Number of units in the home: _____

Number of bedrooms in each unit: _____

Any commercial - mercantile or office occupancy in building? Yes No

Are hot plates or other cooking devices permitted in rooms other than kitchens? Yes No

Are any occupants of the building members of the same fraternity or sorority? Yes No

Any live entertainment on premises? Yes No

Any athletic activities on premises? Yes No

Who watches and manages the property (e.g. Insured, Building Manager)? _____

Does the property manager reside on premises? Yes No

Who is responsible for snow/ice removal? _____

Has an evacuation plan been discussed with occupants? Yes No

Any fraternity or sorority meetings, parties or gatherings of any organization held on premises? Yes No

Any bar or bar equipment in or on the premises? Yes No

Any instructions given to occupants concerning maintaining of heat in building during periods of absence? Yes No

Does insured own other rental properties? Yes No

Is there an outdoor wood boiler on the insured premises? 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?

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

Is the boiler a free-standing unit? Yes No

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

Solar panels? Yes No

Are the panels mounted on the roof? Yes No

If Yes, Is the life expectancy of the roof the same or greater than the life expectancy of the solar panels? _____

Were the panels professionally installed? _____

Who owns the panels? _____

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

Is the insured dwelling a seasonal/secondary home or vacation rental? _____

Does Insured agree to winterize/drain the water supply system, and turn off water? Yes No

Does Insured agree to provide a certificate of installation of a 24-hour low temperature monitoring system, with scheduled automatic fuel delivery and year-round accessibility AND install an automatic water shut-off device?

Yes No

Are there any other animals kept on the Premises? Yes No

Do these other animals include any "farm" types (horses, cows, chickens, etc)? Yes No

What type of farm is this? _____

How many acres? _____

Any hay stored in barns? Yes No

Are any of these other animals horses? Yes No

Any other farming exposures? Yes No

Will the dwelling be unoccupied for three or more consecutive months? Yes No

Is there any hay, business property, or solid fuel stove in the Related Private Structures? Yes No

Available Endorsements:

- FL-33 02/99 Functional Replacement Cost Provision
- FL-42 05/92 Building Theft Coverage
- FL-342 04/16 Underground Utility Line Endorsement
- FL-360 09/17 Ordinance or Law
- FL-375 09/18 Siding and Roofing Matching
- ML-16 06/99 Comparable Value HO Endorsement

Additional Underwriting Questions

Name of previous insurance company: _____

Do any dwellings lack a secondary means of egress? Yes No

Was the home purchased from foreclosure? Yes No

Have there been any losses or claims submitted in the past five (5) years? Yes No

Date of loss: _____

Cause of loss: _____

Amount paid: _____

What was damaged and what was repaired? _____

What has been done to prevent a recurrence? _____

Has coverage for this risk been previously cancelled, non-renewed or declined by any insurance company?

Yes No Explain: _____

Are any properties or buildings being insured on this policy currently for sale? Yes No

Explain: _____

Is there any business or incidental business operations? Yes No

Explain: _____

Is this a tenant occupied risk with a swimming pool on premises? Yes No

Is the pool inground? Yes No

If yes, does it have a perimeter fence with a locking gate? Yes No

Is the pool above ground? Yes No

Is there a locking ladder or locking gate to the pool gate? 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 # _____