

# SECURITY MUTUAL GROUP



SECURITY  
MUTUAL  
INSURANCE  
COMPANY

Established 1887

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SECURITY  
COOPERATIVE  
INSURANCE  
COMPANY

Established 1910

## LANDLORD PACKAGE 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)

### Insured Tab

Effective Date: \_\_\_\_\_ Bound: Yes  No

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 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

**Policy Tab:**

Liability Limit (\$1,000,000 maximum Standard, \$500,000 maximum Custom): \_\_\_\_\_

Aggregate Limit (\$2,000,000 maximum Standard, \$1,000,000 maximum Custom): \_\_\_\_\_

Medical Payments Per Occurrence (\$5,000 maximum): \_\_\_\_\_

Medical Pay Aggregate Limit (\$50,000 maximum): \_\_\_\_\_

Owner occupies one of the units of a three or four family dwelling? \_\_\_\_\_

**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

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

**All policies will be issued with the following forms:**

SMIC-FL-373B 09/22 Animal Sublimit

SMIC-FL-373A 09/22 Animal Liability Exclusion

SMIC-FL-139A 02/23 Communicable Disease Exclusion Clarification

FL-119 04/19 Incidental Coverages (Debris Removal)

FL-52A 26 12/98 Trampoline Exclusion

**Please enroll me in the Third Party Notification Program.**

Designated Third Party.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Signature \_\_\_\_\_

**Optional Coverages:**

FL-46 01/92 Personal Injury Endorsement

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: \_\_\_\_\_

**Additional Parties – Finance Providers - Mortgagees**

Name, Address: \_\_\_\_\_  
Loan no.: \_\_\_\_\_  
Mortgagee billed? Yes  No

**Available Endorsements**

**FL-14LP 09/95 Insurance By More than One Company**

Company: \_\_\_\_\_  
Percentage each: \_\_\_\_\_  
Company taking the liability: \_\_\_\_\_

**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-2 10/81 Exclusionary Endorsement 2 (Structure)**

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

**ML-SM-5 10/81 Exclusionary Endorsement 5 (Structures with Business Property)**

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

**ML-SM-6 07/17 Exclusionary Endorsement 6 (Structures and Contents)**

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:** **Purchase Price: \$** \_\_\_\_\_

**Owner** **Purchase Date:** \_\_\_\_\_

**Tenant** **Market Value: \$** \_\_\_\_\_

**Vacant**

**Unoccupied/under Renovation**

Coverage Form: FL-1R BASIC, FL-2B BROAD, FL-3B SPECIAL: \_\_\_\_\_ **If FL-1R, VMM** Yes  No

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

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

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

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

Send a copy of the lease to [underwriting@securitymutual.com](mailto:underwriting@securitymutual.com) within 60 days

Number of Families: \_\_\_\_\_ Ask 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:**

If there is a pool on the premises, does it have a diving board or a slide? Yes  No

**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 dwelling a double-wide mobile home on a continuous masonry foundation? 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

Lease agreement must include requirement for tenants to carry at least \$500,000 of personal liability. Is copy of lease included with the application? 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
- SMIC-FL-105 08/18 Landlord Package Plus

**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 for any applicant or property on this quote?**

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: \_\_\_\_\_

**Does the named insured live out of state?** Yes  No

If yes, name and address of local caretaker: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, is the tenant related to the landlord? 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 # \_\_\_\_\_

# New Application Initial Deposit

(not required if mortgagee-billed)

**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**

- |  |   |  |
|--|---|--|
| <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: \_\_\_\_\_