

SECURITY MUTUAL GROUP



SECURITY
MUTUAL
INSURANCE
COMPANY

Established 1887

2417 North Triphammer Road
Ithaca, New York 14850
607-257-5000
www.securitymutual.com



SECURITY
COOPERATIVE
INSURANCE
COMPANY

Established 1910

LANDLORD PACKAGE APPLICATION

For a quote, complete the **highlighted** questions, and send to quotes@securitymutual.com

For policy issuance, complete all questions, attach RC estimator, and send to 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: _____

If a Corporation or LLC, provide the Names of Owners and Officers: _____

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:

☐ Owner

☐ Tenant

☐ Vacant

☐ Unoccupied/under Renovation

Purchase Price: \$ _____

Purchase Date: _____

Market Value: \$ _____

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 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): _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CARD VERIFICATION VALUE (located on back of card): _____ EXPIRATION DATE: _____

Installment Plans

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

☐ **Full Pay**

100% Down

☐ **Biannual (BOP, Artisan, SMP, Landlord Only)**

60% Down, \$200 minimum

☐ **Quarterly (BOP, Artisan, SMP, Landlord Only)**

40% Down, \$200 minimum

☐ **Monthly 3Pay**

40% Down, \$100 minimum

☐ **Monthly 6Pay**

25% Down, \$200 minimum

☐ **Monthly 9Pay**

25% Down, \$400 minimum

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: _____