

## NEW JERSEY DWELLING

**Metcom Excess**  
 596 Anderson Ave., Suite 301,  
 Cliffside Park, NJ 07010  
 (201) 945-1717  
 FAX: (201) 945-0724

Mark an X in the applicable box:       Rental: # units \_\_\_\_\_       Owner       Seasonal       Vacant

### NAMED INSURED

Name \_\_\_\_\_ Hm. Phone # \_\_\_\_\_ Wk. Phone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Employer \_\_\_\_\_  
 County \_\_\_\_\_ ISO Terr. \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Location if other than above (include driving instructions if Class 9 or 10) \_\_\_\_\_  
 Married       Single, Divorced or Separated

### POLICY TERM

Requested Effective Date: From \_\_\_\_\_ To \_\_\_\_\_      **BINDING COVERAGE:** For coverage to begin as requested, the application must be fully completed, signed and post marked within 72 hours of the requested effective date, otherwise coverage is bound 12:01 A.M. the day received by Graham-Rogers.

### DESCRIPTION AND LOCATION OF PROPERTY

Year Built	Type of Construction	# of Losses Last 5 Years	Woodstove	Protection Class	# of Stories	ACV	Purchase Year
	<input type="checkbox"/> Frame <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Brick, Stone, Masonry Veneer Only <input type="checkbox"/> Aluminum, Vinyl Siding <input type="checkbox"/> Brick-Entire Structure <input type="checkbox"/> Modular/Pre-Fab		<input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Need Certification and photos</small>			\$ _____	
# of Families					Sq. Feet	Market Value	Amount
						\$ _____	\$ _____

### UNDERWRITING GUIDELINES

- All property must be insured to 100% ACV.
- Dwellings must be valued more than \$10,000 and less than \$100,000. Submit risks valued above \$100,000.
- Dwellings over 50 years old must have electrical systems brought to code and the heating system and the roof updated within the last 15 years.
- **PHOTO must be submitted with each signed and completed application.**

### PROHIBITED RISKS

- Any commercial use (including farming and daycare).
- Insured has 3 or more dwelling losses or any fire loss in past 5 years.
- Other structures not incidental to the dwelling. No barns.
- Poor upkeep. This program is not for sub-standard risks.
- In areas of high incidence of vandalism or burglary.
- Unemployed persons unless retired.
- Any risk with a vicious animal (those with previous bite history) on premises. (Ineligible for liability coverage)
- Dwellings with woodburning stoves as primary heat source or those which do not conform standards of our certification form.
- Any home with daycare services performed on premises.
- Pools with diving boards and/or slides. Call for approval.

### MUST COMPLETE THE FOLLOWING

- Physical Condition:  Good     Fair     Poor  
 - Type of Heating:     Forced Air     Space Heater     Other \_\_\_\_\_  
Each of the following "yes" answers must be explained
- Any conviction of arson or fraud related to loss on any property or insurance? .....  Yes     No
  - Any business pursuits on the premises? .....  Yes     No
  - Property been upgraded (wiring, heat, roof, etc.) or additions? .....  Yes     No
  - Cancelled, declined or non-renewed for insurance? .....  Yes     No
  - Mortgage payments now overdue 3 months or more? .....  Yes     No
  - Any existing damage? (Inside or out. Need photos) .....  Yes     No
  - Other Structures? (barns not acceptable) .....  Yes     No
  - Swimming pools or other recreational equipment? .....  Yes     No  
 If swimming pool present, please include photo of fencing.
  - Any animals on premises? .....  Yes     No  
 If yes, give type and breed below.
- Explain any "yes" answers (use separate sheet if necessary):

DEDUCTIBLE       \$250     \$500     \$1,000

### COVERAGE/PROPERTY LIMITS

COVERAGE/PROPERTY LIMITS	PREMIUM
DWELLING	\$ _____
CONTENTS	\$ _____
<b>SUB-TOTAL</b>	<b>\$ _____</b>
\$500 Deductible Credit - 10%	
\$1,000 Deductible Credit - 15%	\$ -
<b>LIABILITY</b>	
<input type="checkbox"/> Personal      Limit	
<input type="checkbox"/> O,L & T      \$ _____	\$ _____
<b>POLICY FEE (fully earned)</b>	<b>\$ 10.00</b>
<b>TOTAL PREMIUM</b>	<b>\$ _____</b>

### MORTGAGEE

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PRODUCER

Producer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. (    ) \_\_\_\_\_

### APPLICANT'S SIGNATURE

**NOTICE:** The normal procedure used by the company to evaluate applications may include obtaining an investigative consumer and credit report involving information on such things as character, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be given to you upon request.

I hereby declare that all the foregoing statements are true. I understand that false statements may cause coverage to be cancelled.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Prior Insurance:     Yes     No (If no, why not)? \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_

List any prior losses in past 5 years: (date, cause, amount)