

NEW JERSEY HOMEOWNERS

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: OWNER: 1 Family 2 Family

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: The original completed and signed application and photos must be post marked within 72 hours of the date coverage was bound, otherwise coverage is bound 12:01 A.M. the day received by Statewide Insurance Corp.

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"/> No			\$	
	<input type="checkbox"/> Fire Resistive		<input type="checkbox"/> Yes			Market Value	Amount
# of Families	<input type="checkbox"/> Brick, Stone, Masonry Veneer Only		*Need Certification		Sq. Feet	\$	\$
	<input type="checkbox"/> Brick-Entire Structure						
	<input type="checkbox"/> Aluminum, Vinyl Siding						
	<input type="checkbox"/> Modular/Pre-Fab						

UNDERWRITING GUIDELINES

- All property must be insured to at least 100% Replacement Cost.
- Dwellings must be valued at least \$50,000 and no more than \$300,000.
- Dwelling and premises must be well maintained with no evidence of poor upkeep.
- Risks with a contractor installed woodburning stove must include a woodburning stove inspection report and required photos of the stove.
- **2 PHOTOS must be submitted with each signed and completed application**

PROHIBITED RISKS

- Any usage other than owner occupied 1 or 2 family.
- Insured has 2 or more dwelling losses or any fire or liability loss in past 3 years.
- Dwellings that are over 25 years in age.
- Applicants with no prior insurance during the preceding 30 days.
- Dwellings under construction or renovation.
- Applicants who are unemployed and not retired.
- Applicants who own, keep, or plan to own any of the following types of animals: German Shepherd, Doberman, Pit Bull, Chow, Rottweiler, Great Dane, Akita, Wolf or Wolf Hybrid, any animal with a previous bite history, exotic pets or ranch/farm animals.
- Dwellings with woodburning stoves as primary heat source.
- Dwellings with daycare services performed or any business conducted on premises.
- Dwellings with unfenced swimming pools and spas on the premises.

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
- 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? 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

PREMIUM

DWELLING	\$	\$
OTHER STRUCTURES(10%)	\$	\$
CONTENTS (50%)	\$	\$
PERSONAL LIABILITY	\$100,000	
MEDICAL PAYMENTS	\$1,000	\$
SUB-TOTAL		\$
CREDITS		\$ -
BASIC POLICY PREMIUM		\$
INCREASED PERSONAL LIABILITY <input type="checkbox"/> \$300,000		\$
ADDITIONAL COVERAGE		\$
POLICY FEE (fully earned)		\$ 25.00
MINIMUM RETAINED - \$50	TOTAL PREMIUM	\$

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)