

ACORD 67 NJ (2018/06) - NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION DWELLING FIRE APPLICATION

ACORD 67 NJ, Dwelling Fire Application, is used to apply for dwelling fire insurance through the New Jersey Insurance Underwriting Association. For further information, contact the New Jersey Insurance Underwriting Association at 570 Broad Street, Newark, New Jersey 07102-4532 or at their web site, www.njiua.org.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Address 1	Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION	Address 2	Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION	CITY	Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION	STATE	Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION	ZIP	Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Telephone Number	Enter number: The phone number of the individual at the producer's establishment that is the primary contact. If applicable, include the area code and extension.
IDENTIFICATION SECTION	License No	Enter identifier: The State License Number of the producer.
PRODUCER'S SIGNATURE	Producers Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
PRODUCER'S SIGNATURE	Date	Enter date: The date the producer signed the form. (MM/DD/YYYY)
IDENTIFICATION SECTION	Applicant's Name and Mailing Address (Include county & ZIP+4)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Address 1	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION	City	Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION		Enter text: The named insured's physical address county name.
IDENTIFICATION SECTION	State	Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION	Zip	Enter code: The named insured's mailing address postal code.

IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Checkbox New	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
IDENTIFICATION SECTION	Checkbox Renewal	Check the box (if applicable): Indicates this form is for a renewal change request.
IDENTIFICATION SECTION	Home Phone	Enter number: The named insured's primary phone number.
IDENTIFICATION SECTION	Checkbox Home Phone Day	Check the box (if applicable): Indicates the home phone number is where the named insured can be reached during the day.
IDENTIFICATION SECTION	Checkbox Home Phone Eve	Check the box (if applicable): Indicates the home phone number is where the named insured can be reached during the evening.
IDENTIFICATION SECTION	Business Phone	Enter number: The named insured's business phone number.
IDENTIFICATION SECTION	Checkbox Bus Phone Day	Check the box (if applicable): Indicates the business phone number is where the named insured can be reached during the day.
IDENTIFICATION SECTION	Checkbox Bus Phone Eve	Check the box (if applicable): Indicates the business phone number is where the named insured can be reached during the evening.
IDENTIFICATION SECTION	Address 1	Enter text: The address line one of the physical location.
IDENTIFICATION SECTION	Address 2	Enter text: The address line two of the physical location.
IDENTIFICATION SECTION	City	Enter text: The city name of the physical location.
IDENTIFICATION SECTION	County	Enter text: The county name of the physical location.
IDENTIFICATION SECTION	State	Enter code: The state or province code of the physical location.
IDENTIFICATION SECTION	Zip	Enter code: The postal code of the physical location.
IDENTIFICATION SECTION	Building No	Enter number: The producer assigned number of the location.
IDENTIFICATION SECTION	Person to Contact for Inspection	Enter text: The name of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.
IDENTIFICATION SECTION	Telephone Number	Enter number: The telephone number of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment.
APPLICANT INFORMATION	Applicants Occupation	Enter text: The named insured's primary occupation or business activity.

APPLICANT INFORMATION	Marital Status	Enter code: The insured's marital status. The applicable codes are: * S Single * M Married * D Divorced * F Fiancé or Fiancée * P Separated * W Widowed * C Domestic Partner (unmarried) * V Civil Union / Registered Domestic Partner * U Unknown * O Other
APPLICANT INFORMATION	Date of Birth	Enter date: The date of birth of the insured. (MM/DD/YYYY)
COVERAGES/LIMITS OF LIABILITY		Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Basic.
COVERAGES/LIMITS OF LIABILITY		Check the box (if applicable): Indicates the policy form being used is Dwelling Fire Extended Coverage.
COVERAGES/LIMITS OF LIABILITY	Dwelling	Enter limit: The limit associated with dwelling coverage.
COVERAGES/LIMITS OF LIABILITY	Personal Property	Enter limit: The limit associated with personal property coverage.
COVERAGES/LIMITS OF LIABILITY	Replacement Cost	Enter limit: The limit associated with full value replacement cost coverage.
COVERAGES/LIMITS OF LIABILITY	Deductible Type	Check the box (if applicable): Indicates the all peril deductible has been selected.
COVERAGES/LIMITS OF LIABILITY	Deductible Type	Enter deductible: The all perils deductible amount.
COVERAGES/LIMITS OF LIABILITY	Deductible Type	Check the box (if applicable): Indicates there is a named hurricane deductible.
COVERAGES/LIMITS OF LIABILITY	Deductible Type	Enter deductible: The named hurricane deductible amount if the deductible is expressed as a dollar amount.
COVERAGES/LIMITS OF LIABILITY	Checkbox	Check the box (if applicable): Indicates coverage is requested for fire, lightning and explosion perils.
COVERAGES/LIMITS OF LIABILITY	Checkbox	Check the box (if applicable): Indicates coverage is requested for extended coverage perils.
COVERAGES/LIMITS OF LIABILITY	Checkbox	Check the box (if applicable): Indicates coverage is requested for vandalism and malicious mischief perils.

COVERAGES/LIMITS OF LIABILITY	Purchase price of building including improvements	Enter amount: The purchase price of the residence.
COVERAGES/LIMITS OF LIABILITY	Date Purchased	Enter date: The date the residence was purchased (MM/DD/YYYY).
COVERAGES/LIMITS OF LIABILITY	Whole or part vacant or unoccupied?	Check the box (if applicable): Indicates part of the building is vacant or unoccupied.
COVERAGES/LIMITS OF LIABILITY	Whole or part vacant or unoccupied?	Check the box (if applicable): Indicates no part of the building is vacant or unoccupied.
COVERAGES/LIMITS OF LIABILITY	Whole or part vacant or unoccupied?	Enter percentage: The percentage of the structure that is vacant or unoccupied.
RATING/UNDERWRITING	Checkbox Owner Occupied	Check the box (if applicable): Indicates the residence is occupied by the owner.
RATING/UNDERWRITING	Checkbox Tenant Occupied	Check the box (if applicable): Indicates the residence is occupied by tenants.
RATING/UNDERWRITING	Occupancy for Building or Personal Property	Enter number: The number of weeks the unit on the residence premises is or will be rented to others.
RATING/UNDERWRITING	Checkbox Secondary Residence	Check the box (if applicable): Indicates that this is a secondary residence.
RATING/UNDERWRITING	Checkbox Seasonal Residence	Check the box (if applicable): Indicates that this is a seasonal residence.
RATING/UNDERWRITING	Checkbox Under Construction	Check the box (if applicable): Indicates the structure is new construction (builders risk).
RATING/UNDERWRITING	Occupancy for Building or Personal Property	Enter date: The estimated completion date for this construction project.
RATING/UNDERWRITING	Checkbox Number of Families 1	Check the box (if applicable): Indicates the residence is occupied by one family.
RATING/UNDERWRITING	Checkbox Number of Families 2	Check the box (if applicable): Indicates the residence is occupied by two families.
RATING/UNDERWRITING	Checkbox Number of Families 3	Check the box (if applicable): Indicates the residence is occupied by three families.
RATING/UNDERWRITING	Checkbox Number of Families 4	Check the box (if applicable): Indicates the residence is occupied by four families.
RATING/UNDERWRITING	Checkbox Number of Families 5	Check the box (if applicable): Indicates the residence is occupied by five families.

RATING/UNDERWRITING	Checkbox In Mercantile Building	Check the box (if applicable): Indicates occupancy type is a mercantile building.
RATING/UNDERWRITING	Checkbox Frame	Check the box (if applicable): Indicates the construction of the structure is frame.
RATING/UNDERWRITING	Checkbox Masonry	Check the box (if applicable): Indicates the construction of the structure is masonry.
RATING/UNDERWRITING	Checkbox Masonry Veneer	Check the box (if applicable): Indicates the construction of the structure is masonry veneer.
RATING/UNDERWRITING	Checkbox Other	Check the box (if applicable): Indicates the construction of the structure is other than those listed.
RATING/UNDERWRITING	Other Type Description	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
RATING/UNDERWRITING	Checkbox Plastic Siding	Check the box (if applicable): Indicates the siding on the structure is vinyl or plastic.
RATING/UNDERWRITING	Checkbox Asbestos Siding	Check the box (if applicable): Indicates the siding on the structure is asbestos.
RATING/UNDERWRITING	Checkbox Fire Res	Check the box (if applicable): Indicates the construction of the structure is fire resistive.
RATING/UNDERWRITING	For Personal Property	Enter amount: The current market value for which the residence could be sold.
RATING/UNDERWRITING	For Personal Property	Enter code: The material used to construct the roof. Examples include: * Composition (fiberglass, asphalt, etc.) * Metal * Poured * Slate * Tile * Wood Shake (Please note this list is not all inclusive)
RATING/UNDERWRITING	Structure Type	Check the box (if applicable): Indicates the type of residence being insured is a dwelling.
RATING/UNDERWRITING	Structure Type	Check the box (if applicable): Indicates the type of residence being insured is an apartment.
RATING/UNDERWRITING	Structure Type	Check the box (if applicable): Indicates the type of residence being insured is a condominium or multiplex.
RATING/UNDERWRITING	Structure Type	Check the box (if applicable): Indicates the type of residence being insured is a mobile home.
RATING/UNDERWRITING	Structure Type	Check the box (if applicable): Indicates the type of residence being insured is a townhouse.
RATING/UNDERWRITING	Structure Type	Check the box (if applicable): Indicates the type of residence being insured is a row house.

RATING/UNDERWRITING	Structure Type	Enter year: The year the structure was built (YYYY).
RATING/UNDERWRITING	Structure Type	Enter number: The residence's total square footage of living area (excluding basements).
RATING/UNDERWRITING	Structure Type	Enter number: The total number of rooms in the residence, including full and half bathrooms.
RATING/UNDERWRITING	Structure Type	Enter number: The number of separate living units in structure.
IDENTIFICATION SECTION		Enter text: The property's fire district name.
IDENTIFICATION SECTION		Enter code: The property's fire district code number which can be found in the individual states manual pages.
RATING/UNDERWRITING		Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
RATING/UNDERWRITING	Distance to Hydrant	Enter number: The distance in feet from the nearest hydrant that supports the protection class used.
RATING/UNDERWRITING	Distance to Fire Station	Enter number: The distance in miles from the nearest fire station that supports the protection class used.
RATING/UNDERWRITING	Number of	Enter number: The number of fire divisions in the building.
RATING/UNDERWRITING	Number of	Enter number: The number of units within a fire division.
RATING/UNDERWRITING		Enter code: The industry or company specific code that identifies the rating territory for this item. The source of this code is individual insurer, Insurance Services Office or State Insurance Department manuals.
RATING/UNDERWRITING	Heat Type	Enter text: The primary type of fuel/power used for heating.
RATING/UNDERWRITING	Heat Type	Enter text: The secondary type of fuel/power used for heating.
RATING/UNDERWRITING	Renovation Type.Wiring	Check the box (if applicable): Indicates if partial wiring improvements have been made since the original construction.
RATING/UNDERWRITING	Renovation Type.Wiring	Check the box (if applicable): Indicates if complete wiring improvements have been made since the original construction.
RATING/UNDERWRITING	Renovation Type.Wiring	Enter year: The year the wiring improvements took place.
RATING/UNDERWRITING	Renovation Type.Plumbing	Check the box (if applicable): Indicates if partial plumbing improvements have been made since the original construction.
RATING/UNDERWRITING	Renovation Type.Plumbing	Check the box (if applicable): Indicates if complete plumbing improvements have been made since the original construction.
RATING/UNDERWRITING	Renovation Type.Plumbing	Enter year: The year the plumbing improvements took place.

RATING/UNDERWRITING	Renovation Type: Heating	Check the box (if applicable): Indicates if partial heating improvements have been made since the original construction.
IDENTIFICATION SECTION	Renovation Type: Heating	Check the box (if applicable): Indicates if complete heating improvements have been made since the original construction.
RATING/UNDERWRITING	Renovation Type: Heating	Enter year: The year the heating improvements took place.
RATING/UNDERWRITING	Renovation Type:Roofing	Check the box (if applicable): Indicates if partial roofing improvements have been made since the original construction.
RATING/UNDERWRITING	Renovation Type:Roofing	Check the box (if applicable): Indicates if complete roofing improvements have been made since the original construction.
RATING/UNDERWRITING	Renovation Type:Roofing	Enter year: The year the roofing improvements took place.
RATING/UNDERWRITING	Renovation Type: Exterior Paint	Enter year: The year the exterior of the structure was last painted.
LOSS HISTORY	Any Losses, whether or not paid by insurance during the last 3 years, at this or at any other location?	Check the box (if applicable): Indicates there are prior losses or occurrences that may give rise to claims for the mandated number of years.
LOSS HISTORY	Any Losses, whether or not paid by insurance during the last 3 years, at this or at any other location?: - No	Check the box (if applicable): Indicates there are no prior losses or occurrences that may give rise to claims for the mandated number of years.
LOSS HISTORY	Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Type	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Amount	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Type	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Amount	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Type	Enter code: The basic coverage provided, under which the loss was incurred.

LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Amount	Enter amount: The amount that has been paid on this claim to date.
PRIOR COVERAGE	Prior Coverage	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Prior Policy Number	Enter identifier: The policy number of the previous coverage.
PRIOR COVERAGE	Expiration Date	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	Risk New to Agency?	Check the box (if applicable): Indicates a "Yes" response to the question, "Risk new to agency?"
PRIOR COVERAGE	Risk New to Agency?	Check the box (if applicable): Indicates a "No" response to the question, "Risk new to agency?"
ADDITIONAL INTEREST		Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST		Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST		Check the box (if applicable): Indicates the interest type is an additional interest.
ADDITIONAL INTEREST	Addl Int NAME	Enter text: The additional interest's full name.
ADDITIONAL INTEREST	ADDRESS 1	Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST	CITY	Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST	STATE	Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST	ZIP	Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST	Loan Number	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST		Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST		Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST		Check the box (if applicable): Indicates the interest type is an additional interest.
ADDITIONAL INTEREST	Addl Int NAME	Enter text: The additional interest's full name.
ADDITIONAL INTEREST	ADDRESS 1	Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST	CITY	Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST	STATE	Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST	ZIP	Enter code: The additional interest's mailing address postal code.

ADDITIONAL INTEREST	Loan Number	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
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Form Page 2

Section Name	Field Name	Description
GENERAL INFORMATION	Are Property Taxes unpaid for two (2) quarters or more?	Check the box (if applicable): Indicates a "Yes" response to the question, "Are property taxes unpaid for two (2) quarters or more?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Are property taxes unpaid for two (2) quarters or more?"
GENERAL INFORMATION	Does the property have any outstanding fire or other code violations which have been brought to the applicants attention by any authority?	Check the box (if applicable): Indicates a "Yes" response to the question, "Does the property have any outstanding fire or other code violations which have been brought to the applicant's attention by any authority?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Does the property have any outstanding fire or other code violations which have been brought to the applicant's attention by any authority?"
GENERAL INFORMATION	Has the property been condemned or ordered uninhabitable by any authority?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is this property condemned or ordered uninhabitable?".
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Is this property condemned or ordered uninhabitable?".
GENERAL INFORMATION	Is any business conducted on the premises?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is any business conducted on premises? (including day/child care)?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Is any business conducted on premises ?(including day/child care)"
GENERAL INFORMATION	Was the structured originally built for other than private residence and then converted?	Check the box (if applicable): Indicates a "Yes" response to the question, "Was the structure originally built for other than a private residence and then converted?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Was the structure originally built for other than a private residence and then converted?"

GENERAL INFORMATION	Any other insurance with this company?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any other insurance with this company?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Any other insurance with this company?"
GENERAL INFORMATION		Enter identifier: The policy number of any other applicable insurance.
GENERAL INFORMATION	Any coverage declined, cancelled or non-renewed during the last three (3) years?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any coverage declined, cancelled or non-renewed during the specified number of years?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Any coverage declined, cancelled or non-renewed during the specified number of years?"
GENERAL INFORMATION	Is there any unpaid, uncontested premium due?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there any unpaid, uncontested premium due?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Is there any unpaid, uncontested premium due?"
GENERAL INFORMATION	Is building undergoing renovations or reconstruction?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is building undergoing renovations or reconstruction?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Is building undergoing renovations or reconstruction?"
GENERAL INFORMATION		Enter date: The date of the substantial improvements to the building.
GENERAL INFORMATION	Is house for sale?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is house for sale?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Is house for sale?"
GENERAL INFORMATION	Is there any existing property damage?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there any existing property damage?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Is there any existing property damage?"
GENERAL INFORMATION	Is building awaiting demolition?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is the building awaiting demolition?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Is the building awaiting demolition?"

GENERAL INFORMATION	Has the applicant had a foreclosure, repossession or bankruptcy during the past five (5) years?	Check the box (if applicable): Indicates a "Yes" response to the question, "Has the applicant had a foreclosure, repossession or bankruptcy during the last mandated number of years?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Has the applicant had a foreclosure, repossession or bankruptcy during the last mandated number of years?"
GENERAL INFORMATION	During the last ten (10) years, has any applicant been convicted of any degree of the crime of arson?	Check the box (if applicable): Indicates a "Yes" response to the question, "During the last specified number of years, has any applicant been convicted of any degree of the crime of arson?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "During the last specified number of years, has any applicant been convicted of any degree of the crime of arson?"
GENERAL INFORMATION	Any fire code violations in the last twelve (12) months?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any fire code violations in the last specified number of months?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Any fire code violations in the last specified number of months?"
GENERAL INFORMATION	Are space heaters, kerosene heaters vented and away from furniture?	Check the box (if applicable): Indicates a "Yes" response to the question, "Are space heaters, kerosene heaters vented and away from furniture?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Are space heaters, kerosene heaters vented and away from furniture?"
GENERAL INFORMATION	Are electrical cords, extension cords in good condition?	Check the box (if applicable): Indicates a "Yes" response to the question, "Are electrical cords, extension cords in good condition?"
GENERAL INFORMATION		Check the box (if applicable): Indicates a "No" response to the question, "Are electrical cords, extension cords in good condition?"
GENERAL INFORMATION	Provide name of an admitted voluntary market insurer that declined to provide homeowners coverage to the applicant?	Enter text: The full name of a carrier that declined to provide homeowners coverage to the applicant.
GENERAL INFORMATION	Reason for declination	Enter text: The reason the insurer declined coverage.

GENERAL INFORMATION		Enter text: The general remarks associated with this line of business. Use this section to provide any additional information required for underwriting or rating. ACORD 101, Additional Remarks Schedule, may be attached if more space is required. As used here, ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
PARK AND MOBILE HOME IDENTIFICATION	Year	Enter year: The model year of the mobile home.
PARK AND MOBILE HOME IDENTIFICATION	Make	Enter text: The name of the manufacturer of the mobile home.
PARK AND MOBILE HOME IDENTIFICATION	Model	Enter text: The manufacturer's model name for the mobile home.
PARK AND MOBILE HOME IDENTIFICATION	Serial Number	Enter identifier: The serial number for this mobile home.
PARK AND MOBILE HOME IDENTIFICATION	Length	Enter number: The length of the mobile home expressed in feet.
PARK AND MOBILE HOME IDENTIFICATION	Width	Enter number: The width of the mobile home expressed in feet.
PARK AND MOBILE HOME IDENTIFICATION	Full	Check the box (if applicable): Indicates the mobile home tie downs are full.
PARK AND MOBILE HOME IDENTIFICATION	Chassis Only	Check the box (if applicable): Indicates the mobile home tie downs are chassis only.
PARK AND MOBILE HOME IDENTIFICATION	Overtop only	Check the box (if applicable): Indicates the mobile home tie downs are overtop only.
PARK AND MOBILE HOME IDENTIFICATION	None	Check the box (if applicable): Indicates the mobile home has no tie downs.
PARK AND MOBILE HOME IDENTIFICATION	Yes	Check the box (if applicable): Indicates the foundation is continuous masonry.
PARK AND MOBILE HOME IDENTIFICATION	No	Check the box (if applicable): Indicates the foundation is not continuous masonry.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Name	Enter text: The full name of the director or officer of the organization.
SIGNATURE	Title	Enter text: The title of the director or officer.
SIGNATURE	Signature of Applicant	Sign here: Accommodates the signature of the applicant or named insured.

SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
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