### Application to Joint Insurance Association - Page 2

#### Applicant

<table>
<thead>
<tr>
<th>Are Premises Vacant or Unoccupied?</th>
<th>If More Than 25 Years Old Give Modernization Dates For:</th>
<th>Condition &amp; Maintenance of Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Excellent</td>
</tr>
</tbody>
</table>

- **Other Insurance for Applicant:**
  - Name of Previous Carrier: 
  - Previous Amount on Dwelling: 

- **Has Any Carrier Cancelled, Declined to Insure, or Issued Non-Renewal of Coverage?**
  - [ ] Yes
  - [ ] No

- **Any Losses in Past Three Years?**
  - [ ] Yes
  - [ ] No

#### Loss History

<table>
<thead>
<tr>
<th>Date of Loss</th>
<th>Cause</th>
<th>Was Loss Repaired?</th>
<th>Amount of Loss:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
<td>$</td>
</tr>
</tbody>
</table>

- **Exceptions:**
  - (A) The Described Dwelling Is a Secondary Residence: [ ] Yes [ ] No
  - (B) The Described Dwelling Is a Seasonal Residence: [ ] Yes [ ] No
  - (C) Business Pursuits Are Conducted on the Described Premises (Explain “Yes” Answer): [ ] Yes [ ] No
  - (D) The Insured Has Full Time Residence Employee(s): [ ] Yes [ ] No

#### Optional Coverages: (Section I)

- **Sewer or Drain Back-Up $5000 Limit**
- **Add'l Sewer or Drain Back-Up $** __________
- **Sink Hole**
- **Earthquake (HO-2, 4, 6 Only)**
- **Premises Alarm or Fire Protection System**
  - Attach Copy of Current Alarm Contract or Verification of Automatic Sprinkler System

- **Owner Occupied 3 or 4 Family Premises Liability (HO-44)**
  - Number of Families: __________

- **Additional Insured(s) (HO-41) (On Same Premises Only)**
  - Name: ________________________
  - Interest: ________________________

#### Optional Coverages: (Section II)

- **Home Day Care Liability:**
  - [ ] Yes
  - [ ] No (If “Yes”, Number of Children: __________)
  - (If “Yes”, Include a Copy of a Current Certificate from the Department of Health & Mental Hygiene)

#### Remarks

* If property is vacant or unoccupied, complete Fire Application, MDJIA - Form No. 1 and Form No. 30.

Any items left blank will be assumed at the Applicant’s risk, (to be answered: “No”, “None” or “Poor”, as appropriate).