

MIDROX				LANDLORD PACKAGE APPLICATION				Date: _____	
INSURANCE COMPANY				AGENCY: _____				<input type="checkbox"/> ISSUE <input type="checkbox"/> QUOTE	
56 Hillcrest Drive – P.O. Box 218								EFFECTIVE DATE _____	
Roxbury, New York 12474									
PH: 607-326-4141 FAX: 607-326-4285									
<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL AGENCY <input type="checkbox"/> BILL 3 RD PARTY (PROVIDE NAME, ADDRESS & ZIP)				LOCATION OF PROPERTY TO BE INSURED: (if different than address left) IF RURAL, INCLUDE SPECIFIC LOCATION COUNTY: _____ FIRE DISTRICT: _____				<input type="checkbox"/> WITHIN UPSTATE CITY LIMITS	
APPLICANT NAME & ADDRESS (no., Street, Town or City, County, State, Zip Code)									
NAME ↑									
STREET W/O. ↑									
TOWN OR CITY ↑		STATE ↑							
HOME PHONE # ↑		<input type="checkbox"/> DAY <input type="checkbox"/> EVE		BUSINESS PHONE NO. ↑		<input type="checkbox"/> DAY <input type="checkbox"/> EVE			
PROPERTY COVERAGES		LIMIT		LIABILITY COVERAGE		LIMIT			
A. DWELLING				L. LIABILITY				R/C <input type="checkbox"/>	
B. OTHER STRUCTURES								ACV <input type="checkbox"/>	
C. PERSONAL PROPERTY				M. MED PAY				FRAME <input type="checkbox"/>	
D. RENTAL VALUE				PER PERSON PER ACCIDENT				MASONRY <input type="checkbox"/>	
<input type="checkbox"/> BASIC FORM FL-1R NO VMM		<input type="checkbox"/> BASIC FORM FL-1R W/VMM		<input type="checkbox"/> BROAD FORM FL-2		<input type="checkbox"/> SPECIAL FORM FL-3		DED: \$250 <input type="checkbox"/>	
RENOVATION TYPE		PART		COM		YEAR		\$500 <input type="checkbox"/>	
WIRING								\$1000 <input type="checkbox"/>	
PLUMBING								PROT <input type="checkbox"/>	
HEATING								SEMI-PROT <input type="checkbox"/>	
ROOFING								UNPROT <input type="checkbox"/>	
EXTERIOR PAINT								SYSTEM	
								FIRE	
								BURGLAR	
								CENTRAL	
								DIRECT	
								LOCAL	
1. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS?.....								YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. DOES THE APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?.....								YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. IS THE HOUSE FOR SALE?.....								YES <input type="checkbox"/> NO <input type="checkbox"/>	
LOSS HISTORY: ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE						YES <input type="checkbox"/> (If yes, provide information below)		APPLICANT'S	
DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?						NO <input type="checkbox"/>		INITIALS" _____	
<u>DATE</u>		<u>TYPE</u>		<u>DISCRIPTION OF LOSS</u>		<u>AMOUNT</u>			
PRIOR CARRIER		PRIOR POLICY NUMBER		EXPIRATION DATE		RISK NEW TO AGENCY			
MORTGAGEE #1 (NAME & ADDRESS)							LOAN NUMBER: _____		
							ESCROW: YES <input type="checkbox"/> NO <input type="checkbox"/>		
MORTGAGEE #2 (NAME & ADDRESS)							LOAN NUMBER: _____		
ADDITIONAL INSURED (NAME & ADDRESS)									
							FL-41 (COV A & B) <input type="checkbox"/>		
INTEREST							FL-41L (COV A, B, L, M) <input type="checkbox"/>		
REMARKS									

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

DATE	SIGNATURE OF APPLICANT	DATE	SIGNATURE OF AGENT

PHOTOS ATTACHED I HAVE SEEN THE PROPERTY I HAVE NOT SEEN THE PROPERTY IS COVERAGE BOUND? YES NO