

# ACORD<sup>TM</sup> HOMEOWNERS APPLICATION

Quote No. 152153

DATE  
6-Oct-2015

PRODUCER  WITTIG-LEGUTKO AGENCY P.O. BOX 445  ELMWOOD PARK, NJ 07407  CODE AGENCY CUSTOMER ID		SUBCODE		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) DOROTA DABROSKA 301 FALCON RIDGE WAY S HAMBURG, NJ 07419 SUSSEX				NAIC CODE	FACILITY CODE
DATE AT CURR RES		CO/PLAN Lloyd's of London		HOME PHONE # 201-736-8911		DAY		EVE	
EFFECTIVE DATE 5-Oct-2015		EXPIRATION DATE 5-Oct-2016		BUSINESS PHONE #		DAY		EVE	

## APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)		YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) 301 FALCON RIDGE WAY S HAMBURG, NJ 07419 SUSSEX						
APPLICANT'S OCCUPATION (State nature of business if self-employed) OFFICE	APPLICANT'S EMPLOYER NAME AND ADDRESS			YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH 11/4/0179	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:					

## COVERAGES/LIMITS OF LIABILITY

## DED (Type & Amount)

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL	\$1,000
HO6	\$1,000		\$55,000	\$22,000	\$500,000	\$5,000	WIND/HAIL	\$1,500
							THEFT	
							NAMED HURRICANE *	

\* Not Applicable in NC

## ENDORSEMENTS

## PREMIUM

REPLACEMENT COST DWELLING <input type="checkbox"/>	REPLACEMENT COST CONTENTS <input checked="" type="checkbox"/>	EST TOTAL PREMIUM <b>\$533.00</b>	
ENTER OTHER ENDORSEMENT(S) <b>LOSS ASSESSMENT: \$10,000</b>			DEPOSIT <b>\$533</b>
			BALANCE

## PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #	MAIL POLICY TO	
BILLING	IF DIRECT BILL	IF APPLICANT BILL
<input type="checkbox"/> DIRECT B LL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> FULL PAY
<input checked="" type="checkbox"/> AGENCY B LL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> OTHER:
		<input checked="" type="checkbox"/> AGENT
		<input type="checkbox"/> APPLICANT
		<input type="checkbox"/> OTHER:

## RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME	<input type="checkbox"/> PLASTIC SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE		USAGE TYPE		FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
<input type="checkbox"/> MASONRY	<input type="checkbox"/> ASBESTOS SIDING	1995			<input checked="" type="checkbox"/> DWELLING	<input type="checkbox"/> TOWNHOUSE	<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> FARM		21		\$100,000
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> FIRE RES	SQ FT	# APTS	REPLACEMENT COST	<input type="checkbox"/> APART	<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> COC				
<input type="checkbox"/> ALUMINUM SIDING		1000			<input type="checkbox"/> CONDO	<input type="checkbox"/> CO-OP	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> UNOCC				
NUMBER OF FIRE DIVS	UNITS IN FIRE DIV	TERR CODE	PREM GROUP	PROTECT CLASS	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	WIRING		1995
1	1			6	HYDRANT	FIRE STATION	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY: GAS	1995
					1000	2	CENTRAL				SECONDARY:	1995
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER			DIRECT	OIL STORAGE TANK LOCATION			ROOFING		1995	
		/			LOCAL				EXTERIOR PAINT			
DWELLING LOCATION		OCCUPIED BY		<input checked="" type="checkbox"/> DEADBOLT	<input checked="" type="checkbox"/> VISIBLE TO NEIGHBORS	SPRINKLER		SWIMMING POOL	YES	<input checked="" type="checkbox"/> NO	STORM SHUTTERS	
<input type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> WITHIN PROT SUBURB	<input checked="" type="checkbox"/> OWNER	<input type="checkbox"/> TENANT	<input checked="" type="checkbox"/> FIRE EXTINGUISHER	HOUSEKEEPING CONDITION		<input type="checkbox"/> PARTIAL	<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN-GROUND	YES	A
<input type="checkbox"/> WITHIN FIRE DIST					EXCELLENT		<input type="checkbox"/> FULL	<input type="checkbox"/> DIVING BOARD			NO	B
BLDG CODE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION	CLOSED		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		CLASS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	0	RESISTIVE	OTHER	00 UNKNOWN	OPEN	NONE		
IF REPLACEMENT COST APPLIES		ACORD	40	41	42	RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL		FIREPLACES		
BASEMENT		GARAGE	BREEZEWAY	<input checked="" type="checkbox"/> NON-SMOKER	LIGHTNING PROTECTION		OTHER:		<input type="checkbox"/> CHIMNEYS	<input type="checkbox"/> PRE-FAB		
SQ FT		SQ FT	SQ FT						<input type="checkbox"/> HEARTHES			

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)		YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)			<input checked="" type="checkbox"/>	14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			<input checked="" type="checkbox"/>
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			<input checked="" type="checkbox"/>	15. IS THERE A MANAGER ON THE PREMISES? 16. IS THERE A SECURITY ATTENDANT?			<input checked="" type="checkbox"/>
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			<input checked="" type="checkbox"/>		17. IS THE BUILDING ENTRANCE LOCKED?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			<input checked="" type="checkbox"/>	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			<input checked="" type="checkbox"/>		20. IS HOUSE FOR SALE?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			<input checked="" type="checkbox"/>	21. IS PROPERTY W/ IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? 22. IS THERE A TRAMPOLINE ON THE PREMISES?			<input checked="" type="checkbox"/>
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO			<input checked="" type="checkbox"/>		23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?			<input checked="" type="checkbox"/>	24. ANY LEAD PAINT HAZARD? 25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)			<input checked="" type="checkbox"/>
9. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? (Note breed and bite history)			<input checked="" type="checkbox"/>				
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (IF APPLICABLE)			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>

<b>LOSS HISTORY</b>	ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS AT THIS OR AT ANY OTHER LOCATION?	YES	<input checked="" type="checkbox"/>	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS	
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DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT

**PRIOR COVERAGE**

<b>PRIOR CARRIER</b>	INTEGON NTL INSURANCE CO	<b>PRIOR POLICY NUMBER</b>	HOE1450542	<b>EXPIRATION DATE</b>	Aug 26, 2015	<b>RISK NEW TO AGENCY?</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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**ADDITIONAL INTEREST**

<b>INT #</b>	<input type="checkbox"/> MORTGGE <input type="checkbox"/> ADDL NT	<b>NAME AND ADDRESS</b>	<b>LOAN NUMBER</b>
<b>INT #</b>	<input type="checkbox"/> MORTGGE <input type="checkbox"/> ADDL NT	<b>NAME AND ADDRESS</b>	<b>LOAN NUMBER</b>

**REMARKS**

#6-	<b>ATTACHMENTS</b>	INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP
	REPLACEMENT COST ESTIMATE	RECREATIONAL VEHICLE APP	
	PHOTOGRAPH	WATERCRAFT APPLICATION	
	SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION	
	EARTHQUAKE APPLICATION	HOME BASED BUSINESS SUPP	
<b>FOR COMPANY USE ONLY</b>	PROTECTION DEVICE CERTIFICATE		

**BINDER/SIGNATURE**

<b>INSURANCE BINDER</b>		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.	
<b>EFFECTIVE DATE</b>	10/5/2015	<b>EXPIRATION DATE</b>	11/4/2015
<b>TIME</b>	3:32 PM	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND			

**Notice of Insurance Information Practices** Personal information about you, including information from a credit report, may be collected from persons other than you, in connection with this application for insurance, and subsequent renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT; In DC, LA, ME, and VA, insurance benefits may also be denied)

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.

<b>APPLICANT'S SIGNATURE</b>		<b>DATE</b>		<b>PRODUCER'S SIGNATURE</b>	
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STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE  
SURPLUS LINES EXAMINING OFFICE  
P.O. Box 325 Trenton, New Jersey 08625-0325

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**Transaction #**

**CERTIFICATION OF EFFORT TO PLACE RISK WITH AUTHORIZED INSURER**

This certification shall be submitted by the originating producer to the surplus lines agent, within thirty (30) business days after the effectuation of any surplus lines insurance. The original of the certification must be maintained in the files of the surplus lines agent and a copy in the files of the producer and both must be available for inspection by the Commissioner for a period of at least five years.

Name of Insured:	DOROTA DABROSKA		
Address of Insured:	301 FALCON RIDGE WAY S		
Location of Property or Risk:	301 FALCON RIDGE WAY S HAMBURG, NJ 07419	SUSSEX	
Insurance Coverage: Description & Amount	HO6	Dwelling Limit \$1,000	Liability Limit \$500,000

Originating Producer: Corporate or Partnership	WITTIG-LEGUTKO AGENCY		
Originating Producer: Individual Name and/or Title			
Originating Producer: Complete Address	P.O. BOX 445  ELMWOOD PARK, NJ 07407		

The above hereby certifies that he/she is duly licensed as an insurance producer under the laws of New Jersey, and that: On or about 6-Oct-2015, I was engaged by the insured named herein to procure insurance of the kind described herein and in the amount shown. I have made a diligent effort first to place this coverage with authorized insurers, each of which is authorized in New Jersey to write insurance of the kind requested and is an insurer that I had a good faith reason to believe might consider writing the type of coverage described herein. The following insurers are among those that declined to accept all or any part of the risk.

**Check whichever is applicable:**

Having made a diligent effort, I was unable to obtain an offer/quote in the admitted market;

AND/OR

Having made a diligent effort, the only offer(s)/quote(s) obtained in the admitted market reflect(s) such a substantial increase in premium over coverage I placed within the preceding 12 months that coverage in the admitted market is unavailable as a practical matter.

The following insurers are among those that I contacted relative to this risk or to substantially similar risks within the past 30 days:

Insurer	Representative	Telephone No.	Date	Result Code

Result Codes: (enter appropriate code(s) for each insurer listed above)

A- Having made a diligent effort, I was unable to obtain an offer/quote from this authorized insurer in the admitted market, which declined to accept all or any part of the risk.

AND/OR

B- Having made a diligent effort, the only offer(s)/quote(s) obtained reflected such a substantial increase in premium over similar coverage placed within the preceding 12 months that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.

AND/OR

C- Having made a diligent effort, the only offer(s)/quote(s) obtained reflect(s) such a substantial reduction in coverage from coverage placed within the preceding 12 months for substantially similar premium that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.

I certify that the foregoing statements made by me are true to the best of my knowledge and belief. I am aware that if any of the statements are willfully false, I am subject to civil and criminal penalties.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

The undersigned applicant has been advised by the undersigned originating insurance producer and understands that an insurance policy written by a surplus lines insurer is not subject to the filing or approval requirements of the New Jersey Department of Banking and Insurance. Such a policy may contain conditions, limitations, exclusions and different terms than a policy issued by an insurer granted a Certificate of Authority by the New Jersey Department of Banking and Insurance.

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**Applicant's Signature**

DOROTA DABROSKA

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**Applicant's Name (Print or Type)**

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**Date of Applicant's Signature**

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**Producer Signature**

WITTIG-LEGUTKO AGENCY

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**Producer Name (Print or Type)**

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**Date of Producer Signature**

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**New Jersey Producer License Reference Number**