

# ACORD HOMEOWNER APPLICATION

OP ID SH

DATE (MM/DD/YYYY)

06/02/2010

AGENCY PHONE (A/C, No, Ext): 340-779-1799 FAX (A/C, No): 340-779-1926	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) John & Cecile DeJongh [REDACTED]	NAIC CODE FACILITY CODE
First Insurance: Port of Sale P.O. Box 306359 St. Thomas VI 00803-6359 Tom Fitzsimmons	DATE AT CURR RES CO/PLAN: Certain Underwriters @ Lloyd's	HOME PHONE # DAY EVE
CODE: AGENCY CUSTOMER ID [REDACTED]	EFFECTIVE DATE 05/31/10	EXPIRATION DATE 05/31/11
SUBCODE:	BUSINESS PHONE #	DAY EVE

## APPLICANT INFORMATION

PREVIOUS ADDRESSES (if less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)
APPLICANT'S OCCUPATION (State nature of business if self-employed) GOVERNOR	APPLICANT'S EMPLOYER NAME AND ADDRESS VI GOVERNMENT	YEARS IN CURR OCC YEARS IN CURR EMPL YEARS IN PRIOR EMPL MAR STAT DATE OF BIRTH SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed) FINANCIAL ANALYST	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS FTC INC	YEARS IN CURR OCC YEARS IN CURR EMPL YEARS IN 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

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	DED (Type & Amount)
HO3	\$ 700,000	\$ 40,000	\$ 40,000.	\$ NIL	\$ 100,000.	\$ 1,000.	** ALL PERIL ** WIND/HAIL THEFT NAMED HURRICANE *

## ENDORSEMENTS

<input type="checkbox"/> REPLACEMENT COST DWELLING <input type="checkbox"/> REPLACEMENT COST CONTENTS ENTER OTHER ENDORSEMENT(S) ** DEDUCTIBLE: WINDSTORM, HURRICANE, EARTHQUAKE WHICH IS 5% OF SUM INSURED EACH AND EVERY LOSS (SUBJECT TO MINIMUM OF \$1,000). ALL OTHER PERILS \$500 EACH AND EVERY LOSS.	EST TOTAL PREMIUM \$ 12870.00 DEPOSIT \$ 51.54 BALANCE \$ 12921.54
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## PAYMENT PLAN

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

## RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> FIRE RES	<input type="checkbox"/> MFG HOME <input type="checkbox"/> VINYL SIDING <input type="checkbox"/> ALUMINUM SIDING	YR BUILT 1970	# ROOMS 12	MARKET VALUE \$ 950000	STRUCTURE TYPE <input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> APART <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> CO-OP	USAGE TYPE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> SEASONAL	FARM <input type="checkbox"/> COC <input type="checkbox"/> COMP. DATE:	# FAMILIES 1	# HSEHLD RES 5/01	PURCHASE DATE/PRICE 5/01
NUMBER OF FIRE UNITS IN DIVS FIRE DIV FIRE/EC RATE	TERR CODE PREM GROUP PROTECT CLASS	DISTANCE TO HYDRANT FT DISTANCE TO FIRE STATION MI	PROTECTION DEVICE TYPE SMOKE TEMP BURGLAR	HEAT TYPE PRIMARY: SECONDARY: HOUSEKEEPING CONDITION	WIRING PLUMBING HEATING ROOFING EXTERIOR PAINT	X 01 X 01 X 02				
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CIRCUIT BREAKERS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FUSES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	KNOB & TUBE OR ALUMINUM WIRING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PLUMBING SYSTEM CONDITION Good	PLUMBING SYSTEM ANY KNOWN LEAKS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FOUNDATION <input checked="" type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> NONE			
DWELLING LOCATION <input checked="" type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN FIRE DIST <input type="checkbox"/> WITHIN PROT SUBURB	OCCUPANCY <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UNOCC <input type="checkbox"/> VACANT	<input checked="" type="checkbox"/> DEADBOLT <input checked="" type="checkbox"/> FIRE EXT <input checked="" type="checkbox"/> VISIBLE TO NEIGHBORS	OIL STORAGE TANK LOCATION INDOORS OUTDOORS	SWIMMING POOL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED FENCE DIVING BOARD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	STORM SHUTTERS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
BLOC CODE GRADE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TAX CODE 40 41 42	RATING CLASS SPEC	OCCUPIED DAILY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	# WKS RENTED WIND CLASS RESISTIVE	SEMI-RESISTIVE OTHER MEMBRANE	CONDITION OF ROOF Good				
IF REPLACEMENT COST APPLIES: BASEMENT SQ FT GARAGE SQ FT BREEZEWAY SQ FT	ACORD 40 ACORD 41 ACORD 42	ATTACHED <input checked="" type="checkbox"/> NON-SMOKER LIGHTNING PROTECTION	RATING CREDITS <input checked="" type="checkbox"/> MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL	FIREPLACES (Enter Number) CHIMNEYS HEARTHES PRE-FAB WOOD STOVE INSERT					

ACORD 80 (2003/09)

PLEASE COMPLETE REVERSE SIDE

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**GENERAL INFORMATION**

DE TO 2

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 care)		X	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.)		X
2	ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)		X	15	IS THERE A MANAGER ON THE PREMISES?		
3	ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		X	RENTERS AND CONDOS ONLY	16	IS THERE A SECURITY ATTENDANT?	
4	ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		X		17	IS THE BUILDING ENTRANCE LOCKED?	
5	ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		X		18	ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	X
6	HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		X		19	IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	X
7	ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		X		20	IS HOUSE FOR SALE?	X
8	HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		X		21	IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	X
9	ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		X		22	IS THERE A TRAMPOLINE ON THE PREMISES?	X
10	IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?		X		23	WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	X
11	IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		X		24	ANY LEAD PAINT HAZARD?	X
12	DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		X		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)	X
13	IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		X		26	IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?	X

**LOSS HISTORY** ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 5 YEARS, AT THIS OR AT ANY OTHER LOCATION?  YES  NO IF YES, INDICATE BELOW

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

**PRIOR COVERAGE**

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

**ADDITIONAL INTEREST**

INT #	MORTGAGE	NAME AND ADDRESS	LOAN NUMBER
		First Bank P.O. Box 309600 St. Thomas VI 00803	

**REMARKS (Attach Additional Sheets if More Space is Required)**

ATTACHMENTS
STATE SUPPLEMENT(S) (if applicable)
INLAND MARINE APPLICATION
REPLACEMENT COST ESTIMATE
PHOTOGRAPH
SOLID FUEL SUPPLEMENT
EARTHQUAKE APPLICATION
PROTECTION DEVICE CERTIFICATE
PERS EXCESS/UMBRELLA APP
RECREATIONAL VEHICLE APP
WATERCRAFT APPLICATION
LEAD FREE PAINT CERTIFICATION
HOME BASED BUSINESS SUPP

**BINDER/SIGNATURE**

INSURANCE BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	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.
EXPIRATION DATE	
TIME	

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 AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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 WITHOUT YOUR AUTHORIZATION. 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 INSTRUCTIONS 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 DEFAUD 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 (IN SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN 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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
	5/21/10	Tom Fitzsimmons	

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First Insurance: Port of Sale  
P.O. Box 306359  
St. Thomas  
VI 00803-6359

340-779-1799

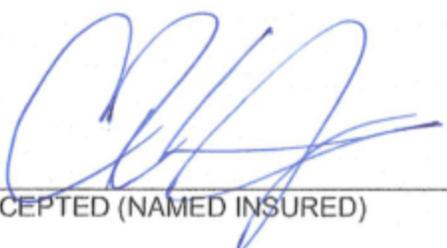
ENCLOSURE

RENEWAL AGREEMENT

Named Insured: John & Cecile DeJongh  
Insurance Company: TYSER & CO LTD.  
Expiring Policy Number: XXXXXXXXXX  
Expiring Policy Date: 05/31/10  
Renewal Effective Date: 05/31/10  
Renewal Premium: \$12,921.54

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IN CONSIDERATION OF THE PREMIUM CHARGED, IT IS HEREBY UNDERSTOOD AND AGREED THAT THE INSURANCE COVERAGE PROVIDED BY THE RENEWAL OF THE ABOVE POLICY IS SUBJECT TO THE SAME TERMS AND CONDITIONS AS THE EXPIRING POLICY. THESE TERMS AND CONDITIONS INCLUDE THE DECLARATIONS MADE AT THE TIME THE PREVIOUS APPLICATION WAS TAKEN AND THAT INFORMATION IS HEREIN INCORPORATED AS THE BASIS FOR THE RENEWAL OF THIS POLICY OF INSURANCE.

  
\_\_\_\_\_  
ACCEPTED (NAMED INSURED)

5/31/10  
\_\_\_\_\_  
DATE