

HOMEOWNER APPLICATION

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1.	1/	10	120	110	

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AGENCY The David Chapma	n Agency	Y				CARRIER	?						N	AIC CODE
P.O. Box 429						NAMED INSURED(S)								
372 Main St.														
Damariscotta, Me	04543													
CONTACT NAME:	***************************************													
PHONE (A/C, No, Ext): (207) 563-4530														
FAX (A/C, No): (207) 563-1937						POLICY NUM	MBE	R					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
E-MAIL ADDRESS: DCINS@MIDCOAST.COM														***************************************
CODE: 123		SUBCODE	E: 456	: 456 PLAN FACILITY CODE					EFFEC	TIVE DAT	E EXPIRA	ATION DATE		
AGENCY CUSTOMER ID:														
STATUS OF TRANSACT	ION	POLICY CI	HANGE	7710 4 77	1		71.	OT INOD	TOTED DDOE			-		
NEW		EFFECTIVI	E DATE	TIME	- AM PM	DATE AGEN	II LA	AST INSP	ECTED PROF	ERTY				
POLICY CHANGE	L				PIVI	HOW LONG	HAV	/F YOU K	NOWN THE A	PPI ICANT				
T OLIOT OTIANOL						,,,,,,,								
APPLICANT INFORMAT	ION													
APPLICANT'S NAME (First, Middle				он на разриция жен на провозора обрабова бори вобрениран от в испе		APPLICANT	'S M	AILING A	DDRESS					
DATE OF BIRTH	SOCIAL S	ECURITY #	٨	MARITAL STATU	IS *									
* This field may not be utilized for						PRIMARY E-MAIL ADDRESS:								
PRIMARY HOME BU	IS CELL	PHONE #	HOME	Bus C	ELL	SECONDAR	-		T			T T =		
() - "		() -	44		CURRENT R	RESII	DENCE	Check	if same as mailir	ig address	0	WNED	RENTED
PREVIOUS ADDRESS	YEARS AT PRE	EVIOUS ADI	DRESS (if less tha	an three years):	***************************************									
									/					
						DATE AT CURRENT RESIDENCE:								
APPLICANT'S EMPLOYER NAME	AND ADDRESS	YF	RS WITH CURREN	IT EMPLOYER:		APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)								
						YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER: CO-APPLICANT'S ADDRESS Check if same as Applicant								
CO-APPLICANT'S NAME (First, M	iddle, Last)					CO-APPLIC	ANI	5 ADDRE	:35	neck if same as i	Applicant			
DATE OF BIRTH	SOCIAL S	ECURITY #		MARITAL STATU	JS *									
* This field may not be utilized for	r policyholders a	applying for	residential prope	erty insurance in	ı CA.									
PRIMARY HOME BU		SECONDA PHONE #	ARY HOME	Bus C		PRIMARY E	-MAI	IL ADDRE	SS:					
FIIVNE#		FIIONE#				SECONDAR	Aproximatelese					***************************************		
CO-APPLICANT'S EMPLOYER NA	ME AND ADDRE	SS YI	RS WITH CURREN	NT EMPLOYER:			-			e Nature of Busin	ess if Self-E	mployed)	

						YEARS IN C	URF	RENT OC	CUPATION:	YEA	RS WITH P	REVIOUS	EMPLOYER	:
COVERAGES / LIMITS	1	Υ										1		
COVERAGE	LIMIT		PREMIUM	COVERAGE		1	OPTION		LIMIT			PREMIUM		
DWELLING	\$		\$	REPL COST-				INCLUD					\$ e	
OTHER STRUCTURES	\$		\$	REPL COST			-	INCLUD				\$		
PERSONAL PROPERTY	\$		\$ e	REPL COST -	CONTE	NIS LIVIS		INCLUD	EU			1 4		
LOSS OF USE	\$		\$	DEDUCTIBLE	Ι Α	MOUNT	PF	RCENT	TYPE	DEDUCTIBLE	AMOU	INT	PERCENT	TYPE
BLANKET * PERSONAL LIABILITY EA OCC	\$		\$	BASE	\$			%		NAMED HURRICANE**	\$		%	
MEDICAL PAYMENTS EA PER	\$		\$	WIND / HAIL	\$			%		ANNUAL HURRICANE**	\$		%	
	\$		\$	THEFT	\$			%		HURRICANE"	\$		%	
HO FORM #:	L				\$			%			\$		%	
							_							

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC#	VEH#	BOAT#	ITEM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE		

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^{*} Includes Dwelling, Other Structures, Personal Property, Loss of Use

^{**} Not Applicable in North Carolina