



Alandale Insurance Agency



BROKERS AND AGENTS SINCE 1928

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To Whom it May Concern:

After researching a request for clarification as to possible surcharges or declination of coverage for Personal Homeowners Insurance policies due to Underground Storage Facilities, I have not found any carrier that either asks about Underground Storage Facilities or have a set rate for such activity.

I have included a copy of the standard Homeowners Insurance policy application that most Personal Homeowner Insurance carriers request for your review.

Although many insurance carriers have underwriting manuals that ask questions outside of the application, the specific mention of Underground Storage Facility activity was not located in my research.

It is of my opinion and experience that if an insured completes the application as enclosed and is truthful to those questions, coverage would not be denied by the carrier under any type of misrepresentation of facts.

Sincerely,

Tricia R. London
Personal Lines Manager



HOMEOWNER APPLICATION

DATE (MMDDYYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE	FACILITY CODE
	FAX (A/C, No):			POLICY #	
CODE:	SUBCODE:	DATE AT CURR RES	COPLAN	HOME PHONE #	DAY
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (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)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMP	YEARS W/ PRIOR EMP	MAR STAT	DATE OF BIRTH	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 EMP	YEARS W/ PRIOR EMP	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:					

COVERAGES/LIMITS OF LIABILITY

NO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	PREMIUM
	\$	\$	\$	\$	\$	\$	EST TOTAL PREMIUM \$
							DEPOSIT \$
							BALANCE \$
DED (Type & Amount)	ALL PERL		WINDHAIL	THEFT		HOLES HURRICANE*	

ENDORSEMENTS

REPLACEMENT COST DWELLING REPLACEMENT COST CONTENTS ENTER OTHER ENDORSEMENT(S) * Not Applicable in NC

PAYMENT PLAN

ACCOUNT # **ACORD 610 Attached (NOT APPLICABLE IN NC)**

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

RATING/UNDERWRITING

MASSORY	M-G HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HOLED RBS	PURCHASE DATE/PRICE
MASONRY VENEER	WYLL SIDING	50 FT	# APTS	REPLACEMENT COST	DWELLING	PRIMARY	COO			
FIRE RES	ALUMINUM SIDING				APART	SECONDARY	COMP DATE			
NUMBER OF FIRE UNITS IN FIRE DIV	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	WIRING		
				FT	MI	SMOKE	TEMP	PLUMBING		
						BURGLAR	PRIMARY	HEATING		
						CENTRAL	SECONDARY	ROOFING		
						DIRECT	HOUSEKEEPING CONDITION	EXTERIOR PART		
						LOCAL				
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELCIC SYST)	CIRCUIT BREAKERS	FUSES	WIND & TURE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOW LEAKS	FOUNDATION	CLOSED		
		YES NO	YES NO	YES NO		YES NO	NO OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	DEADEND	DEADEND	DEADEND	DEADEND	DEADEND	DEADEND	DEADEND		
WITHIN CITY LIMITS	OWNER	UNOCC	FIRE EXIT	INDOORS	OUTDOORS	APPROVED FENCE	WINDS FOR LOSS MITIGATION FEATURES			
WITHIN FIRE DIST	TENANT	VACANT	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	ABOVE GROUND BELOW GROUND	EMERIC BOARD SLICE				
WITHIN PROT ZONE				ABOVE GROUND NOT DRIVEN 30FT FLOOR	BELOW GROUND	ABOVE GROUND IN GROUND				
BLOG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCURRED DAILY?	WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES NO		CLASS	YES NO		DESTRUCTIVE	OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:										
BASEMENT	GARAGE	BREEZEWAY	RATING DEDUITS	NON-SMOKER	OFF PREMISES THEFT ENCL	SPRINKLER	FIREPLACES (Enter Number)			
50 FT	50 FT	50 FT	LIGHTNING PROTECTION			PARTIAL	CHIMNEYS	PRE-FAB WOOD STOVE INSERT		
						FULL	HEARTHES			

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
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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)				14. DURING THE LAST FIVE (5) YEARS (TEN (10) YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.) 15. IS THERE A MANAGER ON THE PREMISES? 16. IS THERE A SECURITY ATTENDANT? 17. IS THE BUILDING ENTRANCE LOCKED? 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value) 20. IS HOUSE FOR SALE? 21. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? 22. IS THERE A TRAMPOLINE ON THE PREMISES? 23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? 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) 26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)							
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?							
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?							
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)							
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?							
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in HI)							
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?							
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and size history)							
10. DISTANCE TO TIDAL WATER: <input type="text"/> Miles <input type="text"/> Feet							
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)							
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)							
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)							

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

ADDITIONAL INTEREST			
TYPE	MO/TYPE	NAME AND ADDRESS	LOAN NUMBER

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS			
STATE SUPPLEMENT(S) (if applicable)	PHOTOGRAPH	RECREATIONAL VEHICLE APP	
PL AND MARINE APPLICATION	SOLID FUEL SUPPLEMENT	WATERPACT APPLICATION	
REPLACEMENT COST ESTIMATE	PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION	
	PERS EXCESSUMPELL & APP	HOME BASED BUSINESS SURV	

INSURANCE BINDER		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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	ZONE	
COVERAGE IS NOT BOUND		

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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 WITHOUT YOUR AUTHORIZATION. 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. 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; consult your agent or broker for your state's requirements.)

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 THEREOF, 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, MA, 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 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