



Recreation Residence Insurance Application

Questions? Call 888-454-9562



NFH Member #			Current NFH Member? Yes <input type="checkbox"/> No <input type="checkbox"/>		
First Name	M.I.	Last Name		DOB	
#2 First Name	M.I.	Last Name		DOB	
#3 First Name	M.I.	Last Name		DOB	
More than 3 Owners? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Home Phone		Cell Phone		Email	
Billing Address (if different than location)				City	State
Recreation Residence Address					
City		State	Zip	County	
National Forest			Tract Name		Lot #
Name of Local Fire Department					
Distance From Nearest Fire Hydrant In Feet			Distance From Nearest Fire Station In Miles		
Other Fire Protective Resources? Tank Truck <input type="checkbox"/> Pond <input type="checkbox"/> Lake <input type="checkbox"/> Holding Tank <input type="checkbox"/> Portable Water Pumps <input type="checkbox"/>					
Directions from nearest major road, intersection or landmark					

Purchase Date		Purchase Price		Year Built	
Construction Hand Hewn Log <input type="checkbox"/> Log <input type="checkbox"/> FRAME <input type="checkbox"/> Brick Veneer/Masonry <input type="checkbox"/>					Sq. Footage
Roof Composition Shingle <input type="checkbox"/> Wood or Shake Shingles <input type="checkbox"/> T-Lock <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/>				Roof Age	Year of Roof Update:
Roof Shape Flat <input type="checkbox"/> Pitch <input type="checkbox"/> Number of Stories					
Electric Breaker Box <input type="checkbox"/> Fuse Box <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Updated Year: _____				None <input type="checkbox"/> Year of Plumbing Update:	
Foundation Slab <input type="checkbox"/> Concrete Perimeter <input type="checkbox"/> Crawl Space <input type="checkbox"/> Open <input type="checkbox"/> Basement <input type="checkbox"/> Elevated <input type="checkbox"/>					
Heat Source Fireplace <input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Pellet <input type="checkbox"/> Kerosene <input type="checkbox"/> Space Heaters <input type="checkbox"/> Gas/Propane Furnace, Heater <input type="checkbox"/>					
Garage Attached <input type="checkbox"/> Detached <input type="checkbox"/> Attached Carport <input type="checkbox"/> None <input type="checkbox"/>					
Porches/Decks/Patios Open <input type="checkbox"/> Enclosed <input type="checkbox"/> Screened <input type="checkbox"/> Elevated <input type="checkbox"/> Covered Patio <input type="checkbox"/> None <input type="checkbox"/>					

Coverage, if applicable	Limit	Loss Information Yes <input type="checkbox"/> No <input type="checkbox"/> (5 Years Prior)		
Dwelling		If Yes		
Personal Property		Date	Cause	Amount
Additional Structures				
Liability				
Other				

Underwriting information

Is this recreation residence currently or has it previously been insured by any of the Berkshire Hathaway Homestate Companies or National Fire & Marine Insurance Company or American Modern? Yes No

Has the applicant had similar insurance declined, canceled, or non-renewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, why? Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay <input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state <input type="checkbox"/> Forest Location <input type="checkbox"/> Other <input type="checkbox"/>	
Name of current or prior carrier.	Exp. Date
How many days has the dwelling gone uninsured prior to the requested effective date?	Less than 90 Days <input type="checkbox"/> Less than 1 Year <input type="checkbox"/> More than 1 Year <input type="checkbox"/>
Is there a Mortgage on the Recreation Residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes	
Does the insured live within 100 miles of the Property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the dwelling held in the name of a Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Name	
Is there any part of the building currently damaged or unrepaired by a fire or water loss/leakage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the dwelling under construction or undergoing major renovation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is cabin located in a Historic District? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Is it listed on National Registry? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any building been modified / converted from its original purpose?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the building(s) secured and checked at least once a month?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the cabin winterized while vacant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many months is your cabin occupied? 0 – 3 months <input type="checkbox"/> 3 – 4 months <input type="checkbox"/> 4 – 6 months <input type="checkbox"/>	
Are all doors / sliding glass doors equipped with proper locks & deadbolts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does dwelling construction contain any asbestos material?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Recreation Residence allow any animal with bite history or vicious propensities on premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are horses, mules, llamas, etc. allowed on premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain:	
Does each building have a minimum of two means of egress (entry/exit) from each unit that are fully accessible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the dwelling have smoke detectors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the dwelling located within 1,000 feet of a body of water	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the dwelling currently have utilities such as natural gas, electric, or water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the dwelling in an area that is isolated, not accessible by road?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an underground fuel storage or underground fuel tank on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Insurance

Would you be interested in additional quotes for coverage on Boats, ATV's, Snowmobiles, Canoes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Name or Signature of applicant: _____ Date: _____