



HOMEOWNERS RATING INFORMATION

ML-176 CO-OP

Ed. 1/81

NYCIA

Perils
Sections
ML-1,2,
3 & 8

FORM: ML-1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 8 <input type="checkbox"/> ,		Number of Families: 1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/>	
Owner Occupied: Yes <input type="checkbox"/> No <input type="checkbox"/>		Year of Construction _____	ML-1: Replacement Cost <input type="checkbox"/> ACV <input type="checkbox"/>
Townhouse: Families within Fire Division: 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-over <input type="checkbox"/>			
CONSTRUCTION:			
<input type="checkbox"/> Frame	<input type="checkbox"/> Mobile Home (with enclosed foundation)		
<input type="checkbox"/> Brick, Stone, or Masonry Veneer	<input type="checkbox"/> Mobile Home (without enclosed foundation)		
<input type="checkbox"/> Brick, Stone or Masonry	<input type="checkbox"/> Modular Home rated as Frame		
<input type="checkbox"/> Stucco	<input type="checkbox"/> Specifically Rated		
<input type="checkbox"/> Aluminum, Plastic or Steel	<input type="checkbox"/> Approved Roof		
<input type="checkbox"/> Siding over Frame	<input type="checkbox"/> Unapproved Roof		
<input type="checkbox"/> Fire Resistive			

Perils
Section
ML-4

Tenant <input type="checkbox"/>	Number of Apartments: 1-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-40 <input type="checkbox"/> Over 40 <input type="checkbox"/>
Condominium Unit-Owner <input type="checkbox"/>	Self Rating Yes <input type="checkbox"/> No <input type="checkbox"/> Annual Fire & EC Rate:

All
Perils
Sections

Distance to: Fire Hydrant _____ Feet, Fire Dept. _____ Miles. Fire Dist. or Town _____	
Fire Protection: <input type="checkbox"/> Protected, <input type="checkbox"/> Partially Protected, <input type="checkbox"/> Unprotected, <input type="checkbox"/> Other _____	
Southern States: <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Inside Protected Suburb <input type="checkbox"/> Inside Fire District	
Premium Group: _____	County/Subcounty _____ Deductible Type: <input type="checkbox"/> Flat <input type="checkbox"/> Disappearing
Deductible: \$ _____ All Perils except (state amount) Theft _____ Wind _____ Hail _____	
Deductible Endorsement(s) _____	
Liability Coverage Section: <input type="checkbox"/> ML-9, <input type="checkbox"/> ML-10 (Farm)	

Total Optional Coverage Premiums (Excluding Scheduled Personal Property)	Payable at Inception \$
(a) The described residence is not seasonal; (b) no business * activities are conducted on the described premises; (c) the described premises are the only premises you maintain for residential purposes other than business properties; (d) the insured has no full time domestic employee(s) ; (e) the insured has no outboard motor(s) or watercraft otherwise excluded under this policy for which coverage is desired. Exception, if any to (a), (b), (c), (d), or (e)**	
* Business includes farming . **Absence of any entry means "no exception".	