

63 Main Street · Tonawanda, NY 14150-2133

Wednesday, July 11, 2007

«cName»
«cMailAddress1»
«cMailAddress2»
«cMailCity», «cMailState» «cMailZip»

Subject: Control Number: «nControllDNumber»

Utica National Homeowner Insurance Policy: «cPolicyNumber»

Property Covered: «cSurveyAddress1»

Dear Policyholder,

You deserve to have your Homeowner's Policy rated accurately! That includes all possible credits due to you. But to do that, we need your help.

We are performing a routine but important procedure on behalf of Utica National Insurance Group to confirm that your homeowner insurance records are accurate and up-to-date.

Please take a few moments to complete the brief questionnaire enclosed with this letter and either return it in the enclosed postage-paid envelope or fax the completed mailer to (815) 301-9523.

If you would prefer, you can also complete this update via one of the following methods:

- Log onto https://uticanational.myinsurancesurvey.com and enter your control number (found in the subject line of this letter) and zip code to complete the survey online, **OR**
- Contact us by calling our toll-free number listed below so that we can complete this update. Please have your control number (found in the subject line of this letter) available when calling so that we can access your file as quickly as possible.

1-888-655-2188 Hours of Operation (Eastern Time)

Monday through Thursday 9:00 a.m. to 12:00 a.m. Friday 9:00 a.m. to 9:00 p.m. Saturday 10:00 a.m. to 6:00 p.m.

Thank you for your cooperation in completing this update.

Sincerely,

Mueller Services on behalf of Utica National Insurance Group Insurance Processing Center



Homeowners Questionnaire

«nControlIDNumber»

Agency Name «Cagentname»	Policy Number	«cPolicyNumber»	Effective Date «dEffectiveDate»
Name and Mailing Address: (Please verify and update)		Location of Property: (If different from the mailing address)	
«cMailAddress1» «cMailCity», «cMailState» «cMailZip»		«cSurveyAddress1» «cSurveyCity», «cSurveyState» «cSurveyZip»	
Insured's date of birth: / / Spouse's name:			Date of Birth: / /
1. Number of families: Single Family 2 Family 3 Family 4 or More Families			
2. Occupancy: Owner Occupied - Primary Residence Owner Occupied - Seasonal/Secondary Residence For Sale, or Going to Be for Sale Within the Next Year			
a. Total number of residents in household: b. Are there any roomers or boarders: Yes No			
3. Is there a swimming pool on the premises: If yes, please check: OIn-ground Above Ground a. If yes, does it have a diving board or slide: ODiving Board Slide b. If there is a slide, what is the maximum height of the slide above the water: Depth of pool below slide: c. Is the pool fenced: Yes No If yes, is the fence locked: Yes No d. If above ground pool, do the stairs retract and lock, or is the opening to the pool area secured: Yes No			
4. Is there a trampoline on the premises:			
5. Is there any business conducted on the premises: Yes No			
If yes, please describe:			
6. Are there any pets or animals on the premises: Yes No			
If yes, Animal type(s):			
Dog Breed(s):			
7. Have you made any major (over \$5,000) renovations or additions to the premises in the last 5 years: Yes No			
If yes, please describe:			
8. Have any of the following been updated in the past 5	years:	rnace Roof	Plumbing Electrical
If yes, please describe:			
9. Do you use alternative heating: Yes No			
If yes, check all that apply: Wood stove Wood furnace Pellet Stove Coal Stove Electric/gas/propane space heater Exterior wood furnace Gas Fireplace Is this your primary source of heating: Yes No			
10. Do you have an underground fuel tank: Yes No			
If yes, please check: Oil Propa	ne		

11. You may qualify for credits or discounts*. Since the time of the application, have you:			
Added smoke alarms Installed deadbolt locks on all exterior doors			
O Purchased a fire extinguisher for your home O Added a water leak alarm			
*Discounts listed above may not be available in all states			
12 Do you have a central station fire or burglar alarm system: Yes No			
If yes, check all that apply: Central Fire Alarm System Central Burglar Alarm System Both Central Fire and Burglar Alarm Systems			
If this discount is currently being applied to your policy, or if this discount will be newly applied, please answer all questions below:			
a. If yes, is it currently active with the Security Company: Yes No			
b. If yes, name of Security Company:			
Security Company phone number:			
I have reviewed the above information and declare that, to the best of my knowledge and belief, all of the foregoing statements are true.			
Signature Date			