

Mark an **X** in the applicable area: RENTAL: # OF UNITS OWNER SEASONAL VACANT

NAMED INSURED

Name _____
Mailing Address _____
City _____ State _____ Zip _____
County _____ Terr. _____
Additional Insured _____
Mailing Address _____
City _____ State _____ Zip _____
Location if other than above (include driving instructions if Class 9 or 10)

Hm. Phone # _____ Wk. Phone # _____
Occupation _____
Employer _____
Social Security # _____ DOB _____
Spouse Soc. Sec. # _____
 Married Single / Separated

RISK INFORMATION

YEAR BUILT _____ **PROTECTION CLASS** _____
LOCATION:
Distance of dwelling to fire hydrant _____ ft./to fire station _____ miles
OCCUPANCY
 Owner Seasonal
 Tenant Vacant
PURCHASE YEAR _____ **PURCHASE PRICE \$** _____
MARKET VALUE \$ _____
PHYSICAL CONDITION: Good Fair Poor
ANY EXISTING DAMAGE: (Inside or out.)
 Yes No **If Yes, Describe:** _____
CONSTRUCTION:
 Frame Fire Resistive
 Brick, Stone, Masonry, Aluminum, Plastic Siding
Veneer Only Over Frame
 Brick-Entire Structure Modular/Pre-Fab
OF STORIES _____ **SQUARE FEET** _____
OF FAMILIES _____
TYPE OF HEATING: Gas Electric Oil-Forced Air Heat Pump
 Electric Baseboard Radiant Ceiling Radiant Floor
 Electric Wall Other (Describe) _____
WOODS TOVE: No Yes* *Need Certification
ANY BUSINESS PURSUITS ON PREMISES? (Submit Unbound)
 Yes No **If Yes, Describe:** _____

YEAR LAST UPDATED

Roof _____ Wiring _____
Plumbing _____ Heating _____

REQUESTED POLICY TERM

From _____ To _____ Policy Term _____ Months
BINDING COVERAGE: For coverage to begin as requested, the application must be fully completed, signed and mailed within 72 hours of the effective date, otherwise coverage is bound 12:01 A.M. the day received by the General Agent. No coverage may be bound or increased within 72 hours of the announcement of an impending disaster, i.e. hurricane, volcanic eruption, earthquake, flood, mudslide, brushfire, etc.

PRODUCER

Agency Code # _____
Agency Name _____
Address _____ Phone _____
City _____ State _____ Zip _____

MORTGAGEE

Name _____
Address _____
City _____ State _____ Zip _____

COVERAGES/PROPERTY LIMITS PREMIUM

	Limit	PREMIUM
Dwelling	\$	\$
Credit(S) / Surcharge(S) (If Applicable)		\$
		\$
Sub-Total		\$
Deductible:		\$
Dwelling Sub-Total		\$
	Limit	
Add'l Other Structures	\$	\$
	Limit	
Contents	\$	\$
Additional Living Cost Or Fair	Limit	
Rental Value	\$	\$
Liability <input type="checkbox"/> Personal <input type="checkbox"/> OL&T	Limit	
	\$	\$
Other Coverages		\$
		\$
		\$
		\$
Minimum Written \$100,		TOTAL
Minimum Retained - \$100		PREMIUM
		\$

BILLING INFORMATION

One Pay – 100% Policy Premium Two Pay – 50% down + \$5
 Four Pay – 25% down + \$5 Eight Pay – 16% down + \$5
 Mortgagee Bill Credit Card

Credit Card Info

MasterCard Visa Discover
Card #: _____
Exp. Date: _____ Name on Card: _____

Down Payment	\$ _____
Service Charge	\$ _____
Check Amount Enclosed	\$ _____

QUALIFICATION CRITERIA –SUBMIT RISKS – Refer to rules in rate guide

If any one of the following questions (except questions 21 and 22) is answered “yes”, then the response must be explained and submitted unbound. If questions 19 & 20 are answered “no”, then the response must be explained and submitted unbound.

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Has the applicant had more than one non-weather related loss or 2 or more weather losses in the past 3 years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| List any prior losses in the past 3 years: | | |
| Date _____ Cause _____ Amount _____ | | |
| Date _____ Cause _____ Amount _____ | | |
| 2. Is the dwelling currently for sale, in the course of construction or renovation or have unrepaired damage?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant been convicted of fraud, arson or other insurance related offenses?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the insured currently employed? If not, state means of support..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the applicant had a bankruptcy, foreclosure or repossession in the last 4 years or is behind in mortgage payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the dwelling located in an area subject to mudslides, brush fires or high crime?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the home attached to, occupied or converted from a commercial risk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the dwelling have inoperable or no utilities such as natural gas, electricity or water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the home ever been flooded or area prone to floods?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If “Yes”, does the applicant carry flood insurance? _____ Please provide proof of flood insurance. | | |
| 10. Has the dwelling had the electrical, heating and plumbing systems updated in the past 50 years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are kerosene or portable space heaters used in the dwelling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is there a wood, coal or pellet burning stove, heater or non-original to construction or non-contractor installed fireplace on premises?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If stove, heater or fireplace is being used as primary heat source, risk is ineligible. For stoves, heaters or non-original to construction or non-contractor installed fireplaces used for supplemental heating, submit a completed and signed certification by the insured accompanied by a photo of the stove, heater or fireplace and chimney. | | |
| 13. Is the risk considered to be kit built, a manufactured log home, row home, town home, condominium, earth home, .. open pier home, manufactured home or home of non-traditional design? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are any vicious and/or wild animals on premises? Any domestic animal with a past incident resulting in injury is considered vicious. Risks with a Pit Bull Terrier, Doberman, Rottweiler, Akita, Chow or any wild (non-domestic) animal are ineligible for Liability coverage for these animals. Describe any animal(s) & pet(s) owned by the insured: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is there a swimming pool, trampoline or other similar hazard located on the premises? (If “Yes”, ineligible for Liability coverage.) If the swimming pool is fenced with a locking gate & without a slide or diving board, risk may be submitted for Liability limits. Describe any play, athletic or exercise equipment: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the dwelling have 3 or more steps with no handrails or have unstable steps? (If “Yes”, ineligible for Liability coverage.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is the risk in an isolated area or not easily accessible by road? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Any unattached structures not incidental to the use of the dwelling as a residence? (Barns & farm buildings are not acceptable) | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the primary heat source thermostatically controlled?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Does the dwelling have smoke detectors?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any answers here. _____

APPLICANT’S SIGNATURE

NOTICE: The normal procedure used by the company to evaluate applications may include obtaining an investigative consumer and credit report involving information on such things as character, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be given to you upon request.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I hereby apply for insurance and declare that all of the foregoing statements are true. I agree that the policy shall be null and void if such information is false, misleading or would affect acceptance by the company.

APPLICANT’S SIGNATURE X _____ Date _____

PRODUCER’S SIGNATURE X _____ Date _____