

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

NAMED INSURED

Name _____

Mailing Address _____

City _____ State _____ Zip _____

County _____

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, Veneer Only Aluminum, Plastic Siding 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) _____

WOODSTOVE: 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 _____

Loan # _____

COVERAGES/PROPERTY LIMITS PREMIUM

	Limit	PREMIUM
DWELLING	\$	\$
3 or 4 Family Dwelling Surcharge	X 1.25	\$
Seasonal Dwelling Surcharge	X 1.25	\$
SUB-TOTAL		
ADD'L OTHER STRUCTURES	Limit	\$
	\$	\$
CONTENTS (50% Max. on Seasonals & Rentals)	Limit	\$
	\$	\$
V & MM	Limit	\$
	\$	\$
RESIDENCE BURGLARY	\$	\$
SUB-TOTAL		\$
DEDUCTIBLE: <input type="checkbox"/> \$500	SUB-TOTAL x .05	
<input type="checkbox"/> \$1,000	SUB-TOTAL x .10	\$ -
LIABILITY <input type="checkbox"/> Personal	Limit	\$
<input type="checkbox"/> OL&T	\$	\$
SUPPLEMENTAL HEATING - Add \$25		\$
POLICY PREMIUM		
POLICY FEE (Fully earned)		\$ 20
TOTAL POLICY PREMIUM		\$

To calculate the down payment for payment plans, apply percentage to POLICY PREMIUM, then add policy fee and \$5 service charge

BILLING INFORMATION

- One Pay - 100% Total Policy Premium Two Pay - 50% down + \$5
 Four Pay - 25% 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 – PROHIBITED 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 21 & 22 are answered “no”, then the response must be explained and submitted unbound.

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Has the applicant been cancelled, declined or non-renewed in the past 4 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the applicant had 2 or more losses relating to the dwelling of any type in the past 3 years?
List any prior losses in the past 3 years:
Date _____ Cause _____ Amount _____
Date _____ Cause _____ Amount _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the dwelling currently for sale or in the course of construction or renovation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the dwelling located adjacent to a vacant property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the applicant been convicted of fraud or arson? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 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"/> |
| 7. Is this an owner occupied dwelling with joint ownership other than husband or wife or blood relatives?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the dwelling located in an area subject to mudslides, brush fires or high crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the home ever been flooded? If “Yes”, does the applicant carry flood insurance? _____
Please provide proof of flood insurance. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the dwelling have inoperable or no utilities such as natural gas, electricity or water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the dwelling had the electrical, heating and plumbing systems updated in the past 40 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are kerosene or portable space heaters used in the dwelling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. 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. | | |
| 14. Has the roof of the dwelling been replaced in the past 15 years? If not, attach roof exclusion | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. 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"/> |
| 16. 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"/> |
| 17. Does the dwelling have 3 or more steps with no handrails? (If “Yes”, ineligible for Liability coverage.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is the dwelling currently insured?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Prior Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No – Submit & Explain. (If dwelling is a new purchase, please answer with a “No”.)
Company _____ Policy # _____ Expiration Date _____ | | |
| 20. 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"/> |
| 21. Is the primary heat source thermostatically controlled? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. 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.

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 _____