

PLEASE PRINT OR TYPE.

APPLICANT / OWNER		PRODUCER	
Name		Agent Name:	GA and Subagent #:
Address		Sub Agent Address:	Sub Agent Phone #:
City	State	Zip	
County		POLICY TERM	
Home Phone: ()	Work Phone: ()	From	To
Occupation		Policy Term: 12 Months	
Employer		Time	AM <input type="checkbox"/> PM <input type="checkbox"/>
Social Security #	DOB	Suspense No.	Policy No.
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		BINDING COVERAGE: For coverage to begin as requested, the application must be fully completed and signed within 48 hours of the requested effective date. Otherwise, coverage is bound at 12:01 a.m. the day the application is received by the General Agent.	
Additional Insured/Relationship		BILLING / ACCOUNTING INFORMATION	
Additional Insured Social Security #	DOB	Check # _____	Amount of Cash with Application \$ _____
Additional Insured Occupation		<input type="checkbox"/> One Pay	<input type="checkbox"/> Two Pay* <input type="checkbox"/> Four Pay*
Additional Insured Employer		*Each installment includes a \$6 fully earned service charge.	

LOCATION	<input type="checkbox"/> LIENHOLDER
Address, if different than above (include city, state, zip and county)	Name
	Loan #
	Address
	City
	State
	Zip

GENERAL INFORMATION							
Territory	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	Type of Dwelling	# of Families	# of Unrelated Occupants	# Years at Residence
Construction Type		Dwelling Construction		Year Built	# of Stories	Square Footage	Primary Heat Source
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Other _____	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent				

MUST COMPLETE THE FOLLOWING
1. PRIOR INSURANCE COMPANY: _____
2. SUPPLEMENTAL HEATING: <input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____
3. SWIMMING POOL/SPA? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PROVIDE FENCE HEIGHT: _____
4. SECURED COMPLEX? <input type="checkbox"/> Yes <input type="checkbox"/> No (Main door entrance access by key lock or buzzer.)
5. ANY LOSSES IN THE PAST THREE YEARS? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Date of Loss: ____/____/____ Amount Paid: \$ _____ Type of Loss: _____ Date of Loss: ____/____/____ Amount Paid: \$ _____ Type of Loss: _____

POLICY INFORMATION		
COVERAGES	LIMITS	PREMIUM
PERSONAL PROPERTY	\$	\$
PERSONAL LIABILITY (\$10,000 Included)	\$	\$
MEDICAL PAYMENTS	\$ 1,000	INCLUDED
DEDUCTIBLE: <input type="checkbox"/> \$250		INCLUDED
INCREASE DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000		\$
ENDORSEMENTS/SURCHARGES/CREDITS		
Temporary/Occasional Employee Worker's Comp.		INCLUDED
Replacement Cost Personal Property		\$
Inside household Worker's Comp. (more than 10 Hours)		\$
Outside Household Worker's Comp. (more than 10 Hours)		\$
Supplemental Heating Surcharge (Submit a Questionnaire and Photo)		\$
Earthquake - Must complete and sign Earthquake Disclosure.		\$
Minimum Premium: \$185 / Minimum Earned Premium: \$75		\$
TOTAL PREMIUM:		\$

Application must be completed in full, including reverse side.

UNDERWRITING INFORMATION RESPONSES

USE THIS AREA TO EXPLAIN ANY FURTHER UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

UNACCEPTABLE RISKS –DO NOT SUBMIT

Any "Yes" Response Makes the Risk Unacceptable!

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the risk a Mobile Home that is not on a permanent foundation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the risk a boat, automobile, recreational or utility type trailer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the premises occupied by more than one family or more than three unrelated individuals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the risk have a declared value of more than the requested policy limits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the premises used for seasonal or secondary residency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has there been more than three claims/losses within the past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has risk had a claim/loss resulting from any insured's willful or malicious behavior? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is business conducted on the premises including, but not limited to, farming and childcare? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does risk have any roomers or boarders? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has risk been refused, cancelled, or non-renewed for cause, in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does risk have homemade supplemental heating devices, supplemental heating devices that are the primary source of heat, or supplemental heating devices that are not properly maintained? | <input type="checkbox"/> | <input type="checkbox"/> |

EARTHQUAKE COVERAGE OFFER – CALIFORNIA

Your policy does not provide coverage against the peril of Earthquake. California law requires that Earthquake Coverage be offered to you at your option. The coverage, subject to policy provisions, may be purchased at an additional cost on the following terms. This coverage cannot be bound during the first 60 days immediately following an earthquake measuring 5.0 or greater on the Richter scale if the premises is located within a 100 mile radius from the epicenter.

AGENT/BROKER MUST COMPLETE (A) AND (C).

- (A) AMOUNT OF COVERAGE: \$ _____ (Must be same as Coverage C)
- (B) APPLICANT DEDUCTIBLE 10% OF AMOUNT OF COVERAGE
- If your deductible amount exceeds the amount of the loss, we will not pay for the loss.**
- (C) PREMIUM \$ _____

RATES: FRAME – \$ 4.00 per \$1,000 of Coverage

MASONRY – \$10.00 per \$1,000 of Coverage

DO NOT SIGN THIS FORM WITHOUT READING IT!

If exclusion is not signed by insured, coverage will be added.

- YES. I WOULD LIKE TO ADD EARTHQUAKE COVERAGE TO THE COVERAGES REQUESTED.
- NO. I DO NOT WANT TO ADD EARTHQUAKE COVERAGE TO THE COVERAGES REQUESTED.

APPLICANT'S SIGNATURE: X _____ DATE _____

AMOUNT OF COVERAGE AND PREMIUM MUST BE FILLED IN EVEN WHEN COVERAGE IS REJECTED.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given in compliance with the Federal Credit Reporting Act (Public law 91-508). As part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

PRIVACY POLICY: I have received and read a copy of the Company's Privacy Policy. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by the Company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application of any policy issued to me may be used by the Company to issue, review, and renew the insurance for which I am applying.

THIS POLICY DOES NOT REPLACE CONTENTS (FURNITURE, CLOTHING, ETC.) WITH NEW ITEMS, BUT INSTEAD ONLY PAYS FOR CURRENT MARKET VALUE. IF YOU HAVE ANY QUESTIONS, ASK YOUR AGENT.

X _____
MUST BE SIGNED (Signature of Applicant)

Date

X _____
MUST BE SIGNED - Signature of Producer

Date