

TOPA INSURANCE COMPANY

FIRE DWELLING APPLICATION

Producer

THIS APPLICATION WILL NOT BE GIVEN ANY CONSIDERATION UNLESS:

1. It is fully completed and every question is answered
2. It is personally signed and dated by both the Applicant and the Producer.

Applicant's Full Name		
Mailing Address		
City	State	Zip Code
Home Phone Number	Work Phone Number	

Proposed Effective Date		at 12:01 A.M.	
All policies are 1 year terms			
County in which property is located:			
Date of Purchase	Year dwelling was built		
Replacement Cost - no land	Market Value with land		
Number of Square Feet	Type of Construction		

Complete address of Property to be insured. If same as the mailing address, then write "SAME".
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Feet to Fire Hydrant	Miles to Fire Station	Type of Roof	Age and Condition of Roof	Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Seasonal <input type="checkbox"/> Secondary <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	Number of Units <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500
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Coverage A - Dwelling	Coverage B - Other Structures. 10% of A is included.	Coverage C - Personal Property. An Optional Coverage.	Coverage D - Loss of Use. Max. limit is 10% of Coverage A.	Coverage E - Personal Liability with \$1,000 Med. Payments <input type="checkbox"/> Comprehensive - MUST be owner occupied. <input type="checkbox"/> Premises Only - Owner or Tenant Occupied
\$	\$	\$	\$	<input type="checkbox"/> N O COV ERAGE <input type="checkbox"/> 1 \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500, 000

1 Coverage A premium		DEBITS AND CREDITS Deductible Credit Age of Dwelling Tenant Occupied Multi-Family Unit Burglar Alarm Fire Alarm Protection Class	Base Prem X	
2 Increase Coverage B to: \$			Total Debits/Credits =	
3. Personal Property Premium			Ltd. Water Damage \$1,000 deductible Limit <input type="checkbox"/> \$5,000 ; <input type="checkbox"/> \$10,000	
4. Theft Coverage - 10% of Coverage C Premium Owner Occupied Units only			Loss Assessment Premium Limit <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	
5. Replacement Cost Contents. \$1.00 per 1,000 Cov. C. Owner Occupied Units only			Liability Coverage Premium	
BASEPREMIUM= 1+2+3+4+5 ----->			Total Annual Premium	
Total Debits/Credits + 1.00 =		\$40.00 fully earned policy fee \$25.00 fully earned Inspection fee	\$65.00	
		Total Amount Due:		

First Mortgagee's Name	Second Mortgagee's Name
Mailing Address	Mailing Address
City State Zip Code	City State Zip Code
Loan Number	Loan Number

Name	Date of Birth	Married	Occupation	Employer

Are you or spouse currently in bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes - not eligible! Have either of you declared bankruptcy in the past 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the dwelling currently undergoing remodeling? <input type="checkbox"/> No <input type="checkbox"/> Yes - explain
Previous Insurance Company Policy Number	How long have you lived at this location?
Have you been cancelled or non-renewed in the past 36 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, explain in remarks. Submit for approval. Coverage can not be bound!	Is the dwelling vacant? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, refer to Company. Coverage can not be bound!

1. Is the property in a brush area or within 250 feet of brush or a landslide area or within 1000 feet of the Pacific Ocean?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	10. Is the roof wood shake shingles, foam or fiberglass?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
2. Is the property in a remote or inaccessible area and/or not visible by neighbors?	<input type="checkbox"/> YES** <input type="checkbox"/> NO	11. Is there a Central Reporting Burglar Alarm system? Proof must be submitted with application to allow credit.	<input type="checkbox"/> NO <input type="checkbox"/> YES
3. Is there fire fighting protection provided by a full time, paid fire department?	<input type="checkbox"/> NO* <input type="checkbox"/> YES	12. Is there a Central Reporting Fire Alarm system? Proof must be submitted with application to allow credit.	<input type="checkbox"/> NO <input type="checkbox"/> YES
4. Is there more than one family in each unit?	<input type="checkbox"/> YES** <input type="checkbox"/> NO	13. Is the dwelling designed and built as a residence?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
5. Does the dwelling have circuit breakers?	<input type="checkbox"/> NO* <input type="checkbox"/> YES	14. Are there any abandoned, nonoperational, or not regularly used vehicles stored on the premises?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
6. Is there a thermostatically controlled heating system?	<input type="checkbox"/> NO* <input type="checkbox"/> YES	15. Is there business conducted on the property? If yes, explain in remarks.	<input type="checkbox"/> NO <input type="checkbox"/> YES
7a. Has the plumbing been updated in the past 10 years? 7b. Type of plumbing? <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Other?	<input type="checkbox"/> NO <input type="checkbox"/> YES	16. Do you employ any full or part time employees? CA Only # in-servants? # out-servants?	<input type="checkbox"/> NO <input type="checkbox"/> YES-
8. Are there ANY unrepaired damages, whether or not covered by insurance, from a prior loss?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	17. Is there an unfenced swimming pool or swimming pool with slide or diving board or an empty swimming pool?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
9. Is the dwelling vacant?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	18. Are there any animals on the premises?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
• DENOTES THE RISK IS GENERALLY NOT ACCEPTABLE FOR LIABILITY COVERAGE. ** DENOTES THE RISK IS NOT ACCEPTABLE UNDER ANY CIRCUMSTANCES. REFER TO UNDERWRITING GUIDE FOR OTHER ELIGIBILITY REQUIREMENTS.		---INELIGIBLE FOR LIABILITY COVERAGE: Farm animals, exotic or unusual pets, ferocious or dangerous dogs including but not limited to Rotweilers, German Shepards, Pitbulls, Doberman Pincers, Great Danes or Chows, etc.	

PLEASE READ: In addition to the ineligible conditions stated above the following are also ineligible. Risks which: 1) are over 60 years old; 2) are in foreclosure; 3) are in commercial, industrial or deteriorating locations; 4) are financed by private parties or trustee, 5) have a replacement cost under \$50,000 or over \$500,000, 6) have a replacement cost that exceed the market value; 7) are undergoing extensive remodeling or construction; 8) are not of frame or frame/stucco construction; 9) have more than one loss in the past 36 months; 10) have a history of dog bites regardless of breed.

REFER TO COMPANY: Any risk located in protection class 9 or 10. Or ANY vandalism or theft losses.

Is the dwelling a rental unit? NO YES. If yes, is it rented on a weekly or monthly basis? NO YES. If YES, the risk is not eligible.
If yes, do you have personal property in the rental unit? NO YES. If YES, the property will not be insured.

How many stories?	Number of Bedrooms?	Number of Baths?	Number of Fireplaces?	Formal Dining Room? () NO () YES	Den/Family Room () NO () YES	Central Air? () NO () YES	Attached Garage? () NO () YES
Skylights? () NO () YES How Many?	Living room floor covering material?	Kitchen floor covering material?	Bathroom floor covering material?	Bedroom floor covering material?	French Doors? () NO () YES How Many?	Wooden Deck? () NO () YES	Crystal Chandeliers? () NO () YES

Have you had any losses in the past 36 months? NO YES. If yes, please give complete details. Attach additional sheets if necessary.

Date of Loss	Description of Loss	Amount of Loss

Remarks or Special Instructions	BILLING INSTRUCTIONS. <input type="checkbox"/> Direct bill the applicant on future renewals. <input type="checkbox"/> Bill First Mortgagee - must have impound account. <input type="checkbox"/> Bill Escrow - Enter information in remarks. PAYMENT OPTIONS: Contact General Agent to see if available <input type="checkbox"/> 1 Pay - 100% down <input type="checkbox"/> 4 Pay - 25% down PLUS POLICY FEES <input type="checkbox"/> 12 Pay - 25% down PLUS POLICY FEES There will be a \$8.00 service charge per installment. Attached check to application.
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Public Law 91-508 requires that we advise you that 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. WE DO INSPECT ALL INSURED LOCATIONS AND VERIFY THE INFORMATION YOU PROVIDED.

APPLICANT'S STATEMENT: I hereby declare to the best of my knowledge that the statements made on this application are material and true and complete and that these statements are made as an inducement to Topa Insurance Company to issue the policy for which I am applying. I further understand and agree that any material misrepresentation shall cause the policy, if issued, to be null and void.

Applicant's Signature: _____ Date: _____

I have personally reviewed this application with the applicant and explained the coverages, limitations and exclusions. I have also explained to the applicant that I am not an insurance agent appointed by Topa Insurance Company and I am representing the applicant as his or her agent in this matter.

Agent/Broker's Signature: _____ Date: _____

The effective date of coverage shall be either 12:01 A.M. on the date following the date the application was signed by the applicant, provided the application and payment are received within 3 days of signature date OR if received after 3 days from the date of signature, the effective date shall be the date received or the proposed effective date, whichever is later.

NO coverage shall be considered bound and the application will be rejected if ANY section is incomplete or the risk is ineligible.

Dwelling Replacement Cost Disclosure:

The undersigned acknowledges that he or she has been provided a copy of the CALIFORNIA RESIDENTIAL INSURANCE DISCLOSURE.

Signature: _____
(Applicant's Signature)

EARTHQUAKE COVERAGE DISCLOSURE

THE POLICY YOU ARE APPLYING FOR DOES NOT PROVIDE COVERAGE AGAINST THE PERIL OF EARTHQUAKE. CALIFORNIA LAW REQUIRES THAT EARTHQUAKE COVERAGE BE OFFERED TO YOU AT YOUR OPTION.

WARNING: THESE COVERAGES MAY DIFFER SUBSTANTIALLY FROM AND PROVIDE LESS PROTECTION THAN THE COVERAGE PROVIDED BY YOUR HOMEOWNERS' INSURANCE POLICY. THERE ARE EXCLUSIONS AND LIMITATIONS SUCH AS OUTBUILDINGS, SWIMMING POOLS, MASONRY FENCES, AND MASONRY CHIMNEYS. THIS DISCLOSURE FORM CONTAINS ONLY A GENERAL DESCRIPTION OF COVERAGES AND IS NOT PART OF YOUR EARTHQUAKE INSURANCE POLICY. ONLY THE SPECIFIC PROVISIONS OF YOUR POLICY WILL DETERMINE WHETHER A PARTICULAR LOSS IS COVERED AND, IF SO, THE AMOUNT PAYABLE.

THE COVERAGE, SUBJECT TO POLICY PROVISIONS, MAY BE PURCHASED AT ADDITIONAL COST ON THE FOLLOWING TERMS:

- (A) AMOUNT OF DWELLING COVERAGE: _____
APPLICABLE DEDUCTIBLE: 15% OF THE DWELLING COVERAGE. IF YOUR LOSS IS BELOW THIS AMOUNT, YOU SHALL NOT RECEIVE ANY PAYMENT FROM YOUR COVERAGE.

CONTENTS COVERAGE: \$5,000.00

IF YOUR LOSS DOES NOT EXCEED THE DEDUCTIBLE FOR THE DWELLING, YOU WILL NOT RECEIVE ANY PAYMENT FOR THIS COVERAGE.

ADDITIONAL LIVING EXPENSE: \$1,500.00

- (D) RATE OR PREMIUM: _____

YOUR INSURANCE AGENT WILL PROVIDE WRITTEN NOTICE AS TO HOW THE DEDUCTIBLE APPLIES TO THE REPLACEMENT VALUE OF THIS COVERAGE.

WITH THIS OFFER, YOU HAVE BEEN PROVIDED A DESCRIPTION OF ALL COVERAGE AND HOW THE DEDUCTIBLE APPLIES TO THE REPLACEMENT VALUE FOR RESIDENTIAL EARTHQUAKE COVERAGE. THERE ARE NO DISCOUNTS AVAILABLE ON THE PREMIUM FOR RESIDENTIAL EARTHQUAKE COVERAGE.

THE UNDERSIGNED ACKNOWLEDGES THAT EARTHQUAKE COVERAGE HAS BEEN OFFERED, THAT A PREMIUM, OR RATE, HAS BEEN QUOTED FOR EARTHQUAKE COVERAGE AND THAT SAID COVERAGE IS HEREBY **REJECTED** **ACCEPTED**

- THE DWELLING HAS BEEN RETROFITTED BY BOLTING THE STRUCTURE TO THE FOUNDATION, REINFORCING THE CHIMNEY AND SECURING THE WATER HEATER. IF EARTHQUAKE COVERAGE IS ACCEPTED EVIDENCE OF RETROFITTING MUST BE SUBMITTED WITH THE APPLICATION.

Signature: _____ Date: _____
(Applicant's Signature)

NO COVERAGE SHALL BE CONSIDERED BOUND AND THE APPLICATION WILL BE REJECTED IF ANY SECTION OF THIS DISCLOSURE IS BLANK AND/OR NOT PROPERLY SIGNED AND DATED.

CALIFORNIA RESIDENTIAL PROPERTY INSURANCE DISCLOSURE

This disclosure is required by California Law (Section 10102 of the Insurance Code). It describes the principal form of insurance coverage in California for residential dwellings. It also identifies the form of dwelling coverage you have purchased.

This disclosure form contains only a general description of coverages and is not part of your residential property insurance policy. Only the specific provisions of your policy will determine whether a particular loss is covered and, if so, the amount payable. Regardless of which type of coverage you purchase, your policy may exclude or limit certain risk.

READ YOUR POLICY CAREFULLY. If you do not understand any part of it or have questions about what it covers, contact your insurance agent or company. You may also call the California Department of Insurance Consumer information at 1-800-927-4357.

FORMS OF COVERAGE FOR DWELLINGS

Guaranteed replacement cost coverage with full building code upgrade pays replacement cost without regard to policy limits, and includes cost resulting from building code changes.

In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling, with like or equivalent construction regardless of policy limits. Your policy will specify whether you must actually repair or replace the damage or destroyed dwelling in order to recover guaranteed replacement cost. The amount of recovery will be reduced by any deductible you have agreed to pay.

This coverage includes all additional cost of repairing or replacing your dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of rebuilding.

To be eligible to recover full guaranteed replacement cost with building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building code; you must permit inspections of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount).

Guaranteed replacement cost coverage with limited or no building code upgrade pays replacement cost without regard to policy limits, but limits or excludes cost resulting from code changes.

In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling, with **like or equivalent construction regardless of policy limits**. Your policy will specify whether you must actually repair or replace the damage or destroyed dwelling in order to recover guaranteed replacement cost. The amount of recovery will be reduced by any deductible you have agreed to pay.

This coverage does not include all additional cost of repairing your dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of rebuilding.

To be eligible to recover full guaranteed replacement cost with limited or no building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building code; you must permit inspections of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount).

Extended replacement cost coverage pays replacement cost up to a specified amount above the policy limits.

In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling, with like or equivalent construction up to a specified percentage over the policy's limit of liability. See the declarations page of your policy for the limit that applies to your dwelling. Your policy will specify whether you must actually repair or replace the damage or destroyed dwelling in order to recover guaranteed replacement cost. The amount of recovery will be reduced by any deductible you have agreed to pay.

To be eligible to recover extended replacement cost coverage, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation; you must permit an inspection of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount). Read your declarations page to determine whether your policy includes coverage for building code upgrades.

Replacement cost coverage pays replacement cost up to policy limits.

In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling, with like or equivalent construction up to the policy's limit of liability. See the declarations page of your policy for the limit that applies to your dwelling. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover replacement costs. The amount of recovery will be reduced by any deductible you have agreed to pay. To be eligible to recover replacement costs, you must insure the dwelling to 80% of its replacement cost at the time of loss. Read your declaration page to determine whether your policy includes coverage for building code upgrades.

Actual cash value coverage pays the fair market value of the dwelling at the time of loss up to the policy limits.

In the event of any covered loss to your home, the insurance company will pay either the depreciated fair market value for the damaged or destroyed dwelling at the time of loss or the cost of replacing or repairing the damaged or destroyed dwelling with like or equivalent construction up to the policy limit. The amount of recovery will be reduced by any deductible you have agreed to pay. Read your declarations page to determine whether your policy includes coverage for building code upgrades.

Building code upgrade - ordinance and law coverage pays up to limits specified in your policy, additional cost required to bring the dwelling "up to code".

In the event of any covered loss, the insurance company will pay any additional cost up to the stated limits, of repairing or replacing a damaged or destroyed dwelling to conform with any building standards such as building code or zoning laws required by government agencies and in effect at the time of the loss or rebuilding (see your policy).

This disclosure form does not explain the types of contents coverage (furniture, clothing, etc.) provided by your policy. Some policies do not replace contents with new items, but instead, only pay for the current market value of an item. If you have any questions, contact your insurer or agent.

TOPA Insurance Company offers only **Replacement Cost Coverage or Extended Replacement Cost Coverage** under the home insurance program; and only **Replacement Cost Coverage** under the dwelling fire program; and only **Actual Cash Value Coverage** under the vacant dwelling program. Read your declarations page to determine which coverage is provided. None of the other forms stated in this disclosure are available.

The undersigned acknowledges that he or she have been provided a copy of this California Residential Insurance Disclosure.

Signature: _____ Date: _____
(Applicant or Named Insured)
Signature not needed at time of renewal.