

Home Insurance Application

Topa Insurance Company

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.

Producer

Eligible Dwellings:
 Single Family and Owner occupied.
 Frame or Frame/Stucco construction.
 Less than 60 years old on the effective date of the application.
 Not located in a brush hazard area or within 250 feet of brush.

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

Proposed Effective Date All policies are 1 year terms at 12:01 A.M.	
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	Number of Families

Complete address of Property to be insured. If same as the mailing address, then write "SAME".

Feet to Fire Hydrant	Miles to Fire Station	Type of Construction	Type of Roof	Age of Roof:	Condition of Roof
----------------------	-----------------------	----------------------	--------------	--------------	-------------------

A. Dwelling	B. Other Structures. 10% of A is included.	C - Personal Property. 50% of A is included	D - Loss of Use. 20% of A is included.	E Personal Liability 100, 200, 300, 500 (in 000)	F Medical Payment to Others
\$	\$	\$	\$	\$,000	\$1,000.00

Section I All Perils Deductible: <input type="checkbox"/> \$500.00 <input type="checkbox"/> \$1,000.00 <input type="checkbox"/> \$1,500.00 <input type="checkbox"/> \$2,000.00	Premium Group	Protection Class
--	---------------	------------------

	Column 1	Column 2
1. Cov. A premium		
2 Increase Coverage B or C		
3 Increase E to 200,000, 300,000 or 500,000		
4. Replacement Cost on Personal Property		
5. Extended replacement cost on Coverage A & B		
6. Computer equipment over \$2,500		
7. Ltd Water Damage \$1,000 deductible Limit \$5,000 \$10,000		
8 Sum Column 1 ----->		
9. Theft Coverage (Burglary included in base premium)		
10. Burglary Protection credit (5%) - Proof required		
11.. Fire Protection credit (5%) - Proof required		
12. Age of Dwelling		
13. Claim Free Discount		
14. Home Business Coverage Need HIB Supplemental App		
15. Home Business Additional Insured		
16. Personal Injury		
17. Sum Column 2 ----->		

Column 1 \$ + Column 2 \$ + Fully Earned Fees- \$65 00 = Total Annual Premium- \$

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
------	---------------	---------	------------	----------

Slope of Property: <input type="checkbox"/> flat <input type="checkbox"/> gentle <input type="checkbox"/> steep (over 26 degrees) If steep, the risk is not eligible
Foundation Type: <input type="checkbox"/> Slab <input type="checkbox"/> Basement <input type="checkbox"/> Crawl w/concrete perimeter <input type="checkbox"/> Crawl w/wood perimeter <input type="checkbox"/> Stilts Pilings or Post NOT eligible.
Number of Stories including basement?
If built prior to 1973, does it have cripple walls? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes are the cripple walls braced with plywood? <input type="checkbox"/> Yes <input type="checkbox"/> No
If built prior to 1955, has it been bolted to the foundation <input type="checkbox"/> Yes <input type="checkbox"/> No -Must attach written proof of retrofitting if built prior to 1955

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"/> Yes <input type="checkbox"/> No
Previous Insurance Company Policy Number
Have you been cancelled or non-renewed in the past 36 months? <input type="checkbox"/> No, <input type="checkbox"/> Yes Explain in remarks. Submit for approval Only.
Is the dwelling currently undergoing remodeling? <input type="checkbox"/> No <input type="checkbox"/> Yes - explain:
Is the dwelling vacant? <input type="checkbox"/> No <input type="checkbox"/> Yes - NOT ELIGIBLE! Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No : Not eligible - see Fire Only

1. Is the property in a remote or inaccessible area and/or not visible by neighbors?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	12. Is there a burglar alarm system that is connected to a remote 24 hour central station? - Need receipt for credit.	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Is there fire fighting protection provided by a full time paid fire department?	<input type="checkbox"/> NO* <input type="checkbox"/> YES	13. Is there a fire alarm system that is connected to a remote 24 hour central station? Need receipt with app. for credit	<input type="checkbox"/> NO <input type="checkbox"/> YES
3. Is there any business conducted on the premises? If yes, refer to Company for approval. Need HB Supplemental Application. No coverage without written approval.	<input type="checkbox"/> YES <input type="checkbox"/> NO	14. Are there smoke detectors installed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is there an unfenced swimming pool or swimming pool with slide or diving board or an empty pool?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	15. Does the house have circuit breakers?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
5. Are there ANY unrepaired damages, whether or not covered by insurance from a prior loss? If "yes" submit for Company approval .	<input type="checkbox"/> YES <input type="checkbox"/> NO	16. Is there a thermostatically controlled heating system?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
6. Is the property in a brush area or within 250 feet of brush or a landslide area or within 1 000 feet of the Pacific Ocean?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	17. Is the roof foam or fiberglass?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
7. Is ANY portion of the premises (house, garage, land, etc.) rented to or held for rental to others?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	18. Are there more than one family living on the premises?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
8A. Has the plumbing been updated in the past 10 years? 8B. What type of plumbing? <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Other	<input type="checkbox"/> NO <input type="checkbox"/> YES	19. Does the applicant own and live on the premises insured?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
9. Do you employ any full or part time employees? No. in-servants? No. out-servants?	<input type="checkbox"/> YES <input type="checkbox"/> NO	20. Do you own or board any animals. List all types & breeds.	<input type="checkbox"/> NO <input type="checkbox"/> YES**
10. Is this a seasonal dwelling, secondary dwelling, mobile home, farm, modular home, rental property or vacant dwelling?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	-INELIGIBLE RISK: Exotic or unusual pets, ferocious or dangerous dogs, including but not limited to Rotweilers, German Shepards, Pitbulls, Doberman Pincers, Great Danes, Chows, etc.	
11.. Are there any tree branches hanging over any part of the roof? If "yes" submit with photographs.	<input type="checkbox"/> YES <input type="checkbox"/> NO		

* Denotes the risk is NOT eligible. NO coverage can be bound. DO NOT submit an application.

PLEASE READ: In addition to the ineligible conditions stated above the following are also ineligible. Risk which: 1) are over 60 years old; 2) are occupied by more than one family; 3) are in foreclosure; 4) are in commercial, industrial or deteriorating locations; 5) are financed by private parties or trustee; 6) have a replacement cost under 75,000 or over 500,000; 7) have a replacement cost that exceed the market value; 8) are undergoing extensive remodeling or construction; 9) are not of frame or frame/stucco construction; 1) 0) have more than 2 losses in the past 36 months; 11) have a history of dog bites regardless of breed.

REFER TO COMPANY - NO COVERAGE BOUND:

1) Metal or wood shake roofs, photo required with application. Wood shake roofs not in a designated brush area. Roof must be in good condition and fire resistive treated within the past 2 years. Proof of treatment required with application. 2) Farm Animals, they must be for insured's personal enjoyment. No horse riding stables or animal boarding regardless of the type of compensation. Premises cannot be a farm. Photo required with application. 3) Any Risk located in protection class 8, 9 or 10. 4) ANY vandalism or theft losses.

How many stories?	Number of Bedrooms?	Number of Baths?	Number of Fireplaces?	Formal Dining Room? <input type="checkbox"/> NO <input type="checkbox"/> YES	Den/Family Room <input type="checkbox"/> NO <input type="checkbox"/> YES	Central Air? <input type="checkbox"/> NO <input type="checkbox"/> YES	Attached Garage? <input type="checkbox"/> NO <input type="checkbox"/> YES
Skylights? <input type="checkbox"/> NO <input type="checkbox"/> YES How Many?	Living room floor covering material?	Kitchen floor covering material?	Bathroom floor covering material?	Bedroom floor covering material?	French Doors? <input type="checkbox"/> NO <input type="checkbox"/> YES How Many?	Wooden Deck? <input type="checkbox"/> NO <input type="checkbox"/> YES	Crystal Chandeliers? <input type="checkbox"/> NO <input type="checkbox"/> 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"/> 9 Pay - 25% down PLUS POLICY FEES There will be a \$8.00 service charge per installment. Attached check to application.

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.

FDP-LTD APP (06/2002)

Warning: Water Damage Coverage is not automatically included in this insurance.

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.
- (B) 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.
- (C) 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.