

TOPA Insurance Company

This Supplemental Application is only to be used in conjunction with a completed and signed Acord Homeowners Application

1. Is the property in a remote or inaccessible area and/or not visible by neighbors?	<input type="checkbox"/> NO <input type="checkbox"/> YES	9. 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
2. Is there fire fighting protection provided by a full time paid fire department?	<input type="checkbox"/> NO* <input type="checkbox"/> YES	10. Are there smoke detectors installed?	<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"/> NO <input type="checkbox"/> YES	11. Does the house have circuit breakers?	<input type="checkbox"/> NO* <input type="checkbox"/> YES
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	12. Is there a thermostatically controlled heating system?	<input type="checkbox"/> NO* <input type="checkbox"/> YES
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	13. Is the roof foam or fiberglass?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
6. 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	14. Does the applicant own and live on the premises insured?	<input type="checkbox"/> NO* <input type="checkbox"/> YES
7A. Has the plumbing been updated in the past 10 years? 7B. What type of plumbing? <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	15. Do you own or board any animals. List all types & breeds.	<input type="checkbox"/> YES** <input type="checkbox"/> NO
8. 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	16. Limited Water Damage coverage with \$1,000 Deductible <input type="checkbox"/> NO <input type="checkbox"/> YES Limit <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	

* 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; 10) 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

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 an \$8.00 service charge per installment. Attach check to application.

APPLICANT'S STATEMENT: I hereby declare to the best of my knowledge that the statements made on this supplemental application and the Acord 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.