



States Available: AZ, CA, CO, ID, MT, NV, NM, OR, SD, UT, WA, WY

HO-4 TENANTS APPLICATION

Desired Effective Date: _____ (For one year)

Name of Applicant: _____

Applicants Mailing Address: _____
 Number Street City State Zip County

Location of Property: _____
 (If different than mailing address)

Is residence: apartment building house mobile home modular home.
 (If owner occupied Condo or a Houseboat, risk is unacceptable.)

Number of roommates* or boarders? _____ (If more than one, risk is unacceptable.) *(Excluding family members)
 Do they have contents coverage? Yes No If yes, provide Carrier and Policy # _____

If an apartment: Number of units in building? _____ What floor of building? _____ Square footage _____

If house: construction is frame masonry other _____ Type of heating: _____

If mobile/modular home: Length _____ Width _____ In a park? Yes No If yes, name of park _____

General Information: Automatic Sprinkler System Yes No Operational Smoke Alarm? Yes No

Square footage: _____ No. of Stories: _____ Feet to Hydrant: _____ Miles to Fire Dept: _____

Protection Class: _____ **Electrical:** fuses circuit breakers Other _____

Supplemental Heat (ie: woodstove/pellet stove): Yes No Is this the primary source of heat? Yes No

COVERAGE	LIMIT	PREMIUM
C. Personal Property*	\$ _____ (Amount of Coverage) * Actual Cash Value Coverage	\$
	\$ _____ (Amount of Coverage) * Replacement Cost Coverage	\$
D. Loss of Use	20% of Coverage C	Included
E. Personal Liability	\$25,000**increase to \$50,000, \$100,000, \$300,000 Maximum, see below	Included
F. Medical Payment	\$500	Included
	Basic Premium	\$
	Credit for Increased Deductible	
	Surcharge (If applicable)	\$
	**To Increase Liability to \$50,000 add-\$50.00, \$100,000 add-\$100.00, \$300,000 add-\$200.00	\$
	Scheduled Personal Property \$1.75 per \$100 (\$10,000 Maximum per policy)	\$
	Base Premium	\$
	(+) Policy Fee (Non-refundable) (Does not apply to MT)	\$ 75.00
	(+) Applicable State Taxes & Fees**Do Not Round	\$
		\$
	(=) Total Premium**Do Not Round	\$

Minimum Premium: If policy cancels within 60 days of effective date, downpayment is fully earned.

State Taxes: AZ-3.20%, CA-3.125%, CO-3.00%, ID-1.75%, MT-2.75% State Tax, 2.50% Fire Marshall Tax, NV-3.90% State Tax, \$25.00 or .004% if premium is \$5,000 Stamping Fee, NM-3.003%, OR-2.00% State Tax, \$15.00 SLSC, \$.3% Fire Marshall Fee SD-3.00% on property premium, 2.50% on liability premium & fees, UT-4.50%, WA-2.10%, WY-3.00%.

- paid in full
- 20% of base premium down plus all applicable fees/taxes – 4 installments due 30, 60, 90 and 120 days after inception.
- credit card payment, go to <https://www.paybill.com/MIS> to make a credit card payment.

****Signed Due Diligence form, if applicable, MUST accompany the application in order for coverage to become effective****

Occupation of Applicant: _____ Employer: _____
 Spouse: _____ Employer: _____

Have you been convicted of a crime in the last 7 years? ___ No ___ Yes If yes, please explain _____

Any business on premises? No Yes If yes, explain _____

Does applicant own any animal(s)? Yes No **This policy does not provide liability coverage for any type of animal.**

Prior insurance carrier: _____ Policy No.: _____ - if none, please explain _____

Has insurance been canceled, non-renewed or refused in the past three years? Yes No If yes, explain _____

Has risk sustained any losses in past three years? Yes No If yes, provide location, cause, date and amount of loss: _____

Limits, Rates, Surcharges and Deductible Options

**Personal Property
Limits:**

**Actual Cash Value
Rate -\$250 Deductible
Protection Class**

**Replacement Cost Coverage
Rate - \$250 Deductible
Protection Class**

	<u>1-8</u>	<u>9-10</u>	<u>1-8</u>	<u>9-10</u>
\$ 5,000	\$109	\$131	\$131	\$157
\$ 7,500	\$121	\$145	\$145	\$174
\$10,000	\$134	\$161	\$161	\$193
\$15,000	\$160	\$191	\$192	\$230
\$20,000	\$185	\$222	\$222	\$266
\$25,000	\$210	\$252	\$252	\$302
\$30,000	\$239	\$286	\$287	\$344
\$35,000	\$268	\$321	\$322	\$386
\$40,000	\$299	\$360	\$359	\$431
\$45,000	\$330	\$396	\$396	\$475
\$50,000	\$365	\$438	\$438	\$526
\$55,000	\$393	\$466	\$466	\$554
\$60,000	\$421	\$494	\$494	\$582
\$65,000	\$449	\$522	\$522	\$610
\$70,000	\$477	\$550	\$550	\$638
\$75,000	\$505	\$578	\$578	\$666
\$80,000	\$533	\$606	\$606	\$694
\$85,000	\$561	\$634	\$634	\$722
\$90,000	\$589	\$662	\$662	\$750
\$95,000	\$617	\$690	\$690	\$778
\$100,000	\$645	\$718	\$718	\$806

Deductible Options:

- \$ 500 – 5% Credit
- \$ 750 – 10% Credit
- \$1,000 – 15% Credit

***Appraisals required to Schedule PP**

Surcharges

Supplemental Heat Surcharge
 \$25.00 if Secondary Source
 25%+\$25.00 if Primary

Prior losses subject to Underwriters discretion. Additional surcharges may apply.

Note: Every possible combination of independent risk factors cannot be addressed. Keep in mind that sound underwriting requires the exercise of trained judgment. Consequently, risks may be surcharged, rejected, or coverage restricted even though the risk appears eligible under the guidelines

COVERAGE ACKNOWLEDGMENT (Coverage cannot be bound without signature)

These coverages have been explained to me and I fully understand that burglary coverage replaces theft coverage. I know that for burglary coverage to apply, there must be visible signs of forcible entry and that I must notify the police at the time of loss. I also understand there is no coverage for roommate's contents, or liability coverage for swimming pools, trampolines, or for any type of animal. **Signature of applicant:** _____

Date: _____

Coverage will become effective, **if accepted**, upon written notice by RPS-MIS and coverage will not commence earlier than the date received in the office of RPS-MIS.

Applicant/Producer Statement: I hereby state I have been unable to produce the above requested coverage from standard insurers. I request RPS-MIS to effect coverage and I will be responsible for payment of premium, fees and taxes. I understand coverage will not be effective until accepted by RPS-MIS and flat cancellations are not permitted. I warrant all above answers to be true and understand coverage, if accepted, will become void at any time the covered property has been vacant or unoccupied for more than 30 days:

Applicant's Signature _____ Date _____ Producer's Signature _____ Date _____

Producer Code: _____ **Producer** _____

Address _____ **E-mail Address** _____

Phone No _____ **Fax No** _____