



The following must be submitted with the application:

- Building Information Sheet
- Woodstove Questionnaire, if applicable
- Diligent Search Letter, if applicable
- Down payment must accompany app. for Insured Direct Bill

HOMEOWNER'S APPLICATION HO3-Replacement Cost Program

Agent Code: _____

Desired Effective Date: From: _____ To: _____

Name of Applicant: _____ Phone No: _____

***Indicate legal owner of risk if not the same as Applicant:** _____

Applicants Mailing Address: _____

Number Street City State Zip County

Location of Property: _____

Insured Direct Bill Mortgagee Direct Bill (If different than mailing address)

| Name of Mortgagee & Mailing Address | Loan Number | Name of 2nd Mortgagee & Mailing Address | Loan Number |
|-------------------------------------|-------------|---|-------------|
| | | | |
| | | | |
| | | | |

Year Built: _____ ***Construction:** Frame Masonry Veneer Aluminum/Plastic Siding Brick/Stone Other: _____

*(Mobile/Manufactured Homes do not qualify for the HO3 program)

Square Footage: _____ No. of Bathrooms: _____ No. of Stories: _____ No. of Families: _____ # of people living in the home: _____

Indicate any upgrades, such as ceramic tile, hardwood floors, etc. _____

Describe any attached structures: _____ Square footage of all attached structures: _____

Foundation: Slab-(continuous concrete) Crawlspace Basement -()% Finished. **Sq. footage of living area only:** _____

Protection Class: _____ **Occupancy:** Primary (*Primary use only. Seasonal/secondary or rental use is prohibited.*)

Deductible: \$500 \$1,000 \$2,500 \$5,000(only at U/W discretion) **Minimum Earned Premium-\$125.00**

| Coverage | A Dwelling* | B Other Structures* (Max 30%ofA) | C Personal Property* (Max 75%ofA) | D Loss of Use* | E Personal Liability | F Medical Payments | Basic Premium |
|----------|-------------|-------------------------------------|--------------------------------------|----------------|----------------------|--------------------|---------------|
| Limit | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

Options/Coverages/Credits:

- Other Structures - Description: _____
- Scheduled Personal Property **Earthquake:** Full _____ Limited _____
(Attach list) Limit: _____ (Deductible) (Coverage Amt)
- Add'l. Residence Rented to Others - Address: _____
- Protective Device:
Description _____
- Wood Stove, Fireplace, or Pellet Stove: **Yes** or **No**, if Yes, Primary or Secondary Source of heat? _____
- Swimming Pool/Trampoline buy-back Equine Liability buy-back
- Personal Injury Protection – (Washington Locations Only)

| | |
|---|------------------|
| (-) Credits *(15% Max) *Round to nearest dollar. | \$ _____ |
| (+) Additional Premium | \$ _____ |
| (+) Policy Fee | \$ <u>150.00</u> |
| (=) Subtotal | \$ _____ |
| (+) Taxes/Fees** **Do Not Round. | \$ _____ |
| (=) Total Premium | \$ _____ |

***Maximum combined aggregate Limit \$735,000.**

Downpayment+ policy fee + taxes = Amount Remitted:\$ _____

MUST BE COMPLETED FOR ALL SUBMISSIONS

Occupation of Applicant: _____ Employer: _____

Occupation of Spouse: _____ Employer: _____

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

Any business on premises this includes any volunteer organizations, churches, profit or non-profit? Yes* No If yes, explain _____

Is dwelling on a slope? Yes No Degree of slope? _____ **If over 30° angle risk is unacceptable.**

Primary source of heat? Gas Electric Wood Solar Oil Other (explain) _____

Does home have a woodstove or other supplemental heat? Yes No If yes, complete woodstove questionnaire.

Are there any outbuildings on the premises? Yes No If yes, provide description _____ & Condition _____

***Please note: Any outbuilding used in whole or part for commercial manufacturing or farming business is not covered.**

Is wiring original? Yes No If no, when updated? _____ Circuit Breakers, Knob & Tube, Fuses
(Risks with knob & Tube &/or fuses are unacceptable)

Is plumbing original? Yes No If no, when updated? _____

Condition of roof? Good Fair Poor Type _____ Age _____

Does applicant own any animal(s)? Yes No *Kind of animal(s): _____

*** (Risks with more than six horses are unacceptable)**

Has the animal ever bitten or attempted to attack a person &/or animal? Yes No Breed of dogs (if any): _____

Is there a Trampoline on the premises? Yes No Swimming Pool? Yes No Is the pool in the ground? Yes No

Is the pool fenced in? Yes No Is there a locking gate? Yes No Height of fence _____ If under 4 feet

and/or no locking gate, risk is unacceptable. Is liability coverage desired for any of these items? Yes No

How long has applicant owned the property? _____ Purchase price _____

Current Replacement Cost*: _____ *** (Risk must be insured for a minimum of -90% of full replacement cost)**

Prior insurance carrier: _____ Policy No.: _____ If none, explain _____

Add additional sheet for explanations to the questions below, if necessary.

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

Has the applicant ever had a bankruptcy, foreclosure or any adverse public records? Yes No If yes, explain _____

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

Has property been seen by agent/producer within the past 60 days? Yes No

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 Statement: I understand that the amount of insurance applied for represents the current structure(s) described on this form. Any modifications, improvements, new construction or alterations made hereafter will not be considered covered until I have properly notified RPS-MIS and the coverage limits have been reviewed and endorsed as necessary. I also understand that an inspection will be performed within 30 days of the effective date of this policy and every 3rd year that my policy continues in force.

Applicant/Producer Statement: I hereby state I have been unable to procure the above requested coverage from standard insurers. I request RPS-MIS to effect coverage and 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 _____ Producer Code _____

Address _____ E-mail Address _____

Phone No. _____ Fax No. _____