



The following must be submitted with the application:

- Photos of the front and back of the risk
- Woodstove Questionnaire, if applicable
- Diligent Search Letter, if applicable
- Down payment must accompany app. for Insured Direct Bill

HO1 - HOMEOWNER'S APPLICATION

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: _____
(If different than mailing address)

Insured Direct Bill Mortgagee Direct Bill

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 HO1 program)

Square Footage: _____ No. of bathrooms: _____ No. of Stories: _____ No. of Families: _____ # of people living in home? _____
 Current Actual Cash Value: _____ 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 Secondary/seasonal (surcharge applies)

Deductible: \$500 \$1,000 \$2,500 \$5,000 (No Credit) **Minimum Earned Premium-\$125.00**

Coverage	A Dwelling*	B (30% Max) Other Structures*	C(60% Max) Personal Property*	D Loss of Use*	E Personal Liability	F Medical Payments	Basic Premium
Limit	\$	\$	\$	\$	\$	\$	\$
Options/Coverages/Credits: <input type="checkbox"/> Other Structures - Description: _____ <input type="checkbox"/> Scheduled Personal Property <input type="checkbox"/> Earthquake: <input type="checkbox"/> Full _____ <input type="checkbox"/> Limited _____ <small>(Attach List) Limit: _____ (Deductible) (Coverage Amt)</small> <input type="checkbox"/> Replacement cost on Dwelling (available for Seasonal/Secondary risks only) (add additional premium) <input type="checkbox"/> Replacement cost on Personal Property (add additional premium) <input type="checkbox"/> Protective Device: Description _____ <input type="checkbox"/> Wood Stove, Fireplace, or Pellet Stove: <input type="checkbox"/> Yes or <input type="checkbox"/> No <small>If Yes, Primary or Secondary source of heat? _____</small> *Maximum combined aggregate Limit \$600,000. Downpayment+ policy fee + taxes = Amount Remitted:\$ _____						(-) Credits * (10% Max) <small>*Round to nearest dollar.</small> (+)Additional Premium (+) Policy Fee (=) Subtotal (+) Taxes/Fees** <small>**Do Not Round.</small> (=) Total Premium	\$ _____ \$ _____ \$ <u>75.00</u> \$ _____ \$ _____ \$ _____

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? Yes No If yes, please explain _____

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

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

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 _____

Is wiring original? Yes No, If no, when updated? _____ Circuit Breakers Fuses
(Risks with fuses or knob & tube 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): _____
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. **Liability coverage is excluded in this policy for a swimming pool &/or trampoline.**

How long has applicant owned the property? _____ Purchase price _____ Current Market Value _____

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 past three years? Yes No If yes, explain _____

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

Has 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.

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. _____

HO1 (01-13)