



**NOTICE TO AGENT
BILLING INSTRUCTIONS**

Indicate below how you wish Renewals to be billed

Insured Mortgage Co.

Dwelling Fire Application (COC/Renovation/Vacant)

Applicant's Name _____
Mailing Address _____

Agent Name _____
Address _____

PROPOSED EFFECTIVE DATE: **FROM:** _____ **TO:** _____
 3 Month 6 Month Annual Term 12:01 A.M., Standard Time at the address of the Applicant

COVERAGE INFORMATION

Perils to be Insured: DP-1 DP-3
 Fire E.C VMM Premises Liability Personal Liability
 Residence Burglary Deductible: \$ _____

Territory: _____ County: _____

Wind Excluded? Yes No Wind Deductible: \$ _____

Mortgagee: _____

Address: _____ Loan No.: _____

Dwelling #1 Limits:

\$ _____ a. Masonry Frame EIFS
 Log—Hand hewn
 Log—Milled Log _____

b. 1 family 2 family
 3 family 4 family
 Condo

c. Owner Tenant Renovation

d. Vacant Builders Risk
 Seasonal Short-Term Rental

e. Located at: _____

\$ _____ Other Structures—describe: _____

\$ _____ On contents in the above dwelling

\$ _____ Residence Burglary

\$ _____ Additional Living Expense/Loss of Use

\$ _____ Premises Liability/Personal Liability

\$ _____ Medical Payments

Dwelling #2 Limits:

\$ _____ a. Masonry Frame EIFS
 Log—Hog hewn
 Log—Milled Log _____

b. 1 family 2 family
 3 family 4 family
 Condo

c. Owner Tenant Renovation

d. Vacant Builders Risk
 Seasonal Short-Term Rental

e. Located at: _____

\$ _____ Other Structures—describe: _____

\$ _____ On contents in the above dwelling

\$ _____ Residence Burglary

\$ _____ Additional Living Expense/Loss of Use

\$ _____ Premises Liability/Personal Liability

\$ _____ Medical Payments

PROPERTY INFORMATION

- 1. If vacant, how long has dwelling been vacant? _____
- 2. If seasonal or short-term rental, is there a caretaker or property manager? Yes No
- 3. If vacant, seasonal or short-term rental, how often is dwelling checked on? _____
- 4. Was dwelling inspected by agent? Yes No
Comments: _____
- 5. Does agent recommend risk? Yes No
Comments: _____
- 6. Is there a swimming pool? Yes No
If yes:
Fenced? Yes No
Locking Gate? Yes No
- 7. Year of Construction: _____ Square Feet: _____ Cost per square foot: \$ _____
Year of building update in:
 Wiring: Year _____ Full Partial Type: Knob & Tub Fuses Circuit Breakers
 Roofing: Year _____ Full Partial Type: _____
 Plumbing: Year _____ Full Partial
 Heating & Air Conditioning: Year _____ Full Partial
Physical condition of buildings: _____
- 8. Fire Protection Class: _____ Fire District: _____ E.C. Class: _____
Distance from coastal water (Includes an ocean, gulf, bay or sound): _____
Distance to hydrant: _____
Distance to fire station (Indicate miles): _____
- 9. Primary source of heat: _____
- 10. Is there a wood stove on premises? Yes No
If wood burning stove, attach completed questionnaire and photo.
- 11. Is dwelling under construction or being renovated? Yes No
If yes, name of licensed contractor: _____
Number of years experience: _____ Project completion date: _____
Extent of renovation: _____
- 12. Applicant's occupation(s): _____
Applicant's phone number: _____
- 13. Are any business pursuits conducted on the premises, including any volunteer organizations, churches, profit or non-profit businesses? Yes No
If yes, describe: _____

- 14. Does the Insured have any animals? Yes No
Provide Breed of dog(s) and number if applicable _____
If yes, any bite/aggressive behavior history? Yes No
If yes, describe: _____

15. Acreage? Yes No

If yes, number of acres: _____ Usage: _____

16. Has any company canceled or refused coverage to the applicant (not applicable in Missouri or California)? Yes No

Comments: _____

17. Previous insurance carrier: _____

Policy number: _____ Expiration date: _____

If no previous carrier, why (not applicable in Missouri or California)? _____

18. Any losses at this location or any other location owned/rented within the last three years? Yes No

If yes, provide details: _____

19. Any bankruptcy or foreclosure proceedings filed? Yes No

Reason: _____

Opened Closed Date Closed: _____

***ATTACH PHOTO WITH COMPLETED APPLICATION.**

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, unless issued has a vacant risk:

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

PRODUCERS NAME: _____ AGENT CODE: _____

(Please print)

Forward completed application to:

RPS-MIS
505 S. 336th St., Ste 410
Federal Way, WA 98003
1-800-247-5851, Fax 1-877-329-9647
www.rpsins.com

You can e-mail the completed application to personal_MIS@rpsins.com for a quote.