

DWELLING APPLICATION ARIC DW IA *PHOTOS OF FRONT AND BACK OF DWELLING MUST BE ATTACHED.*

APPLICANT			PRODUCER		
Name			Agency Name:		Agent #:
Address			Agency Phone:		Agent Fax:
City	State	Zip	REQUEST POLICY TERM		
County			From	To	Policy Term: 12 Months
Occupation			Time AM <input type="checkbox"/> PM <input type="checkbox"/>		
Employer (If self-employed, list self)			BINDING COVERAGE: For coverage to begin as requested, the application must be mailed within 72 hours of the effective date of coverage. Otherwise, coverage is bound at 12:01 a.m. the day of the postmark.		
Social Security #					
DOB					
Co-applicant's Name					
Co-applicant's Social Security #			LOCATION		
Co-applicant's Occupation			Address, if different than above (include city, state, zip and county)		
Co-applicant's Employer (If self-employed, list self)					
Add'l Insured					
Address					
City	State	Zip			

BILLING / ACCOUNTING INFORMATION	
BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder Check # _____ Check Amt \$ _____	*PAYMENT PLANS: If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected. <input type="checkbox"/> 1-Pay, 100% payment, plus any applicable taxes and fees <input type="checkbox"/> 4-Pay, 25% down, plus any applicable taxes and fees <input type="checkbox"/> 2-Pay, 50% down, plus any applicable taxes and fees <input type="checkbox"/> 8-Pay, 20% down, plus any applicable taxes and fees * Each installment includes a \$6 fully earned service charge

MORTGAGEE			
Name		Loan #	
Address		Address	
City	State	Zip	City
State	Zip	State	Zip

GENERAL INFORMATION											
Territory	Square Footage	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	# of Families	# of Stories	Year Built	Year Purchased	Purchase Price	Actual Cash Value (Excluding Land)	Replacement Cost (Excluding Land)
Protective Devices: <input type="checkbox"/> None <input type="checkbox"/> Central Station Fire Alarm				Type of Siding: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> EIFS <input type="checkbox"/> Stucco Other: _____							
Type of Wiring: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Fuses & Circuit Breakers				Date Of Last Update: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update If Partial, to what extent: _____							
Type of Heating: _____				Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____							
Type of Roofing: _____				Date Of Last Update: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update If Partial, to what extent: _____							
Describe Unattached Structures: _____											

MUST COMPLETE THE FOLLOWING	
USAGE: <input type="checkbox"/> Primary/Permanent <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Rental	
PRIOR INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase Prior Company: _____ Expiration of Prior Policy: _____	
ANIMALS ON PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Animal: _____ Breed of Dog: _____	
Construction <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer	Age of Insured <input type="checkbox"/> 49 & Under <input type="checkbox"/> 50 - 59 <input type="checkbox"/> 60 & Over
Age of Dwelling <input type="checkbox"/> 1930 & Older <input type="checkbox"/> 1931-1950 <input type="checkbox"/> 1951-1970 <input type="checkbox"/> 1971-1990 <input type="checkbox"/> 1991 to Current	

DISCOUNT / SURCHARGE SECTION	
Territory A & B Deductibles:	\$500 AOP/\$1,000 Wind/Hail Ded. - 8% <input type="checkbox"/>
\$500 Base Deductible	\$1,000 Deductible - 10% <input type="checkbox"/>
	\$2,500 Deductible - 15% <input type="checkbox"/>
Territory C Deductibles:	\$1,000 Deductible - 8% <input type="checkbox"/>
\$500 AOP/\$1,000 Wind/Hail Ded.	\$2,500 Deductible - 12% <input type="checkbox"/>
Claim Free Transfer	- 10% <input type="checkbox"/>
Central Station Fire Alarm System	- 5% <input type="checkbox"/>
Circuit Breakers	- 5% <input type="checkbox"/>
Short Term Rental	+ 5% <input type="checkbox"/>
Supplemental Heating	+ 5% <input type="checkbox"/>
Bankruptcy in Past 36 Months	+10% <input type="checkbox"/>
Multiple Family (3-4)	+ 5% <input type="checkbox"/>
3-4 Unit Townhome/Rowhome	+15% <input type="checkbox"/>
5 or More Unit Townhome/Rowhome	+30% <input type="checkbox"/>
TOTAL: _____	

POLICY INFORMATION		
COVERAGES	LIMITS	PREMIUM
Dwelling <input type="checkbox"/> ACV <input type="checkbox"/> RC	\$	[REDACTED]
Total Amount of Other Structures	\$	
Total Amount of Personal Property	\$	
Total Amount of Fair Rental Value or Additional Living Expense	\$	
BASE PREMIUM:		
** DISCOUNT/SURCHARGE PERCENTAGE: (See shaded Section to the left.) _____ %		
DISCOUNT/SURCHARGE AMOUNT: (BASE PREMIUM multiplied by DISCOUNT/SURCHARGE %)		\$
SUBTOTAL: (BASE PREMIUM plus DISCOUNT/SURCHARGE AMOUNT)		\$
<input type="checkbox"/> Personal Liability (Primary) <input type="checkbox"/> Premises Liability (All Other)	\$	\$
Medical Payments to Others	\$	\$
Limited Theft Coverage		\$
Vandalism or Malicious Mischief		\$
Personal Property Replacement Cost		\$
Earthquake Coverage		\$
Residential Burglary Coverage		\$
Full Repair Cost		\$
Policy Fee		\$ 10.00
Minimum Written Premium is \$100/Minimum Earned Premium is \$100		TOTAL PREMIUM: \$

LOSS HISTORY

HAVE YOU HAD ANY PRIOR LOSSES? Yes No If Yes, indicate below.

Description of Loss Date Amount Paid (repeated 3 times)

If the applicant has had 2 or more property losses (paid or unpaid) in the past 36 months or any single fire, theft, liability or water loss in the past 36 months, the risk must be submitted to the General Agent for acceptability.

UNACCEPTABLE RISKS

Any "Yes" response makes the risk unacceptable and it cannot be written!

10 questions regarding property conditions, fire safety, and construction with Yes/No checkboxes.

RISK TO BE WRITTEN WITHOUT LIABILITY COVERAGE

Any "Yes" Response Must Be Explained Below.

1 question regarding animal ownership with Yes/No checkboxes.

SUBMIT RISKS TO GENERAL AGENT

Any "Yes" Response Must Be Explained Below.

22 questions regarding property history, insurance, and safety with Yes/No checkboxes.

Explain "Yes" answers

DWELLING LOSS SETTLEMENT OPTIONS (Choose One)

ACV (Depreciation will apply) Replacement Cost (Available to DP-2 and DP-3 risks only. Home must be insured to 100% of replacement cost. A replacement cost estimator is required.)

SPECIFIC BREED ANIMAL EXCLUSION NOTICE: I understand the Specific Breed Animal Exclusion will be attached to my policy and that bodily injury, property damage or any other loss or expense arising out of any occurrence involving any of the following types of animals and/or breeds of dogs or a mix of any of the breeds with any other breed whether listed or not will not be covered: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Anatolian Shepard, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf or Wolf Hybrid.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss for benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

X (Signature of Applicant)

Date

X (Signature of Producer)

Date