

### SURPLUS LINES DWELLING APPLICATION

 Desired Effective Date: \_\_\_\_\_ **\*\*Check Term for Vacant Only:**  Three (3) Month or  Six (6) Month Term  
 (1 year term for Owner/Rental/Seasonal risks; 3 or 6 months for Vacant risks\*\*)

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 Dwelling to be insured: \_\_\_\_\_  
 (If different than mailing address)

 Bill Mortgagee  Bill Insured (down payment must accompany app.)

 Mortgagee/Lienholder  Contract Seller  Additional Interest  Loan Number(s): \_\_\_\_\_

#1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

#2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

 Year Built: \_\_\_\_\_ Number of family units: \_\_\_\_\_ Square footage: \_\_\_\_\_ Square footage of the living area only: \_\_\_\_\_  
 Number of Stories: \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_ Any upgrades (ie; ceramic tile, hardwood floors, etc): \_\_\_\_\_  
 Construction Type:  Frame (wood siding)  Masonry  Mobile/Modular Home  Log \*  Other: \_\_\_\_\_  
\*(hand hewn or factory milled)

 Protection Class: \_\_\_\_\_ **Foundation:**  Slab (continuous concrete)  Crawlspace  Basement –( )% Finished

Any attached structures? Give description: \_\_\_\_\_ Square footage of attached structure: \_\_\_\_\_

Primary heating method \_\_\_\_\_ Fuel \_\_\_\_\_

**Electrical:**  fuses  circuit breakers  Other \_\_\_\_\_

**Supplemental Heat: Woodstove:**  Yes  No If yes, is this the primary source of heat?  Yes  No -Type of chimney: \_\_\_\_\_  
 If Yes, indicate type of supplemental heat:  woodstove  pellet stove  fireplace insert

 Is dwelling continuously occupied?  Yes  No Is dwelling currently occupied?  Yes  No

Is dwelling occupied by:

 Owner/Primary  Owner/Seasonal\*  Renter  Renter/Seasonal\* **No of people living in the home:** \_\_\_\_\_  Vacant\*\*

 \*If Seasonal, will the dwelling be occupied for living purposes at least one (1) full day out of each 90 day period?  Yes  No

 \*If Seasonal, will the dwelling be rented?  Yes  No

\*\*Why is the property Vacant? \_\_\_\_\_

\*\*Explain reason occupancy can be expected in the near future \_\_\_\_\_

**\*\*Check Deductible desired:**  \$250 (not available for Vacant risks)  \$500  \$1,000  \$2,500

(Higher deductibles may be applied to primary, secondary/seasonal and vacant homes with no credit at the Underwriters discretion.)

<u>AMOUNT</u>	<u>PREMIUM</u>
\$ _____ On Dwelling Building	\$ _____
\$ _____ On Adjacent Structures/Outbuildings	\$ _____
\$ _____ On Contents/Personal Property	\$ _____
\$ _____ On Liability	\$ _____
\$ _____ On Burglary	\$ _____
<input type="checkbox"/> DP3 Coverage – (Photos required to quote with this coverage)	<b>Subtotal (Minimum Premium \$300.00)** \$ _____</b>
	<b>Policy Fee (Does not apply to MT) \$ 100.00</b>
** (Minimum premium does not apply to Vacant homes)	<b>State Taxes \$ _____</b>
Seasonal Deductible: \$250 all losses, except \$500 for VMM	<b>Fire Marshall Fee \$ _____</b>
***Max combined limit is \$300,000	<b>SLSC Tax \$ _____</b>
Owner/Rentals \$250, credits avail. for higher deductibles	<b>Total \$ _____</b>
(Full premium due on Vacant homes) (Downpayment+policy fee+taxes/fees=Amount remitted)	<b>\$ _____</b>

**Coverage: Fire, Extended Coverage and Vandalism & MM\* (VMM. Excludes damage caused by the Owner, Tenant or Guest)**

**\*\*If Vacant.** The EARLIEST DATE on which the property became vacant was \_\_\_\_\_

Occupation of Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_

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.**

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 5 years?  Yes  No If yes, provide location, cause, date and amount of loss: \_\_\_\_\_

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 \_\_\_\_\_

**\*Thirty (30) day vacancy clause does not apply to risks written in the Vacant or Seasonal/Secondary Programs.**

**PLEASE NOTE: Three month vacant policies have a fully earned premium. Six month vacant policies have a 50% minimum earned premium.**

Producer Code: \_\_\_\_\_ Producer's E-mail Address: \_\_\_\_\_

Producer \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_ Fax No \_\_\_\_\_

**AGENTS: A completed Surplus Lines Statement (Due Diligence) must accompany the application if required for your State. The Required States are: Arizona, Idaho, Montana, Nevada, New Mexico & Oregon**

**Photos of the front & back of the risk are required for any risk over \$100,000 in value, any risk written with \$300,000 Liability & any risk written with DP3 Coverage.**