



Midlands Management of Texas, Inc.
PO Box 794678, Dallas, TX 75379-4878

QUOTE NUMBER: _____

PRIMARY _____
SECONDARY # of Nights _____
SEASONAL _____
TENANT OCC. _____

POLICY PERIOD _____

DWELLING FIRE APPLICATION

PLEASE FILL IN COMPLETELY

INSURED NAME: _____

ADDRESS TO BE INSURED: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____ PPC: _____

LOT: _____ BLOCK: _____ ADDITION: _____

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____ CELL: _____

WORK: _____

Mailing Address (if different from insured property): _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____ INSURED'S: _____ SPOUSE: _____

HOW LONG AT CURRENT JOB: _____ SPOUSE: _____

COVERAGE REQUESTED: Fire EC VMM Residence Glass Liability

1st MORTGAGEE'S	LOAN # _____
NAME: _____	
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
2nd MORTGAGEE'S	LOAN # _____
NAME: _____	
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____

YEAR HOME BUILT _____	SQUARE FOOTAGE _____	Stories _____	Slab _____	Pier & Beam _____
GARAGE: ATTACHED _____	FREE STANDING _____	NONE _____		
CONSTRUCTION: Frame _____	Asbestos/Stucco _____	Brick Veneer _____	Brick/Masonry _____	Steel Siding _____ Vinyl Siding _____
ROOF: Composition _____	Metal _____	Other _____	AGE OF ROOF: _____	INSIDE CITY LIMITS? YES _____ NO _____
DISTANCE FROM FIRE HYDRANT? Within 500' _____		501'-1,000' _____	OVER 1,000' _____	

LIMITS: Dwelling \$ _____	Unscheduled Personal Prop. \$ _____
Liability \$ _____	Premises Medical Payments \$ 1,000 (included) _____
Purchase Price \$ _____	ACV \$ _____
PREMIUM TO BE: Paid in Full _____	Premium Financed _____ Mortgagee Billed _____

ALL QUESTIONS MUST BE ANSWERED

<p>ROOF REPLACED? (If "Yes", when) _____</p> <p>ROOF CONDITION: Good Fair Poor</p> <p>IS ROOF OVERLAID?</p> <p>ALUMINUM WIRING?</p> <p>Wiring Replaced? (If "Yes", When) _____</p> <p>Plumbing Replaced? (If "Yes", When) _____</p> <p>CENTRAL AIR?</p> <p>CENTRAL HEAT? (If "No", describe in remarks) _____</p> <p>Wood Burning Stove / Space Heater - Primary Heat Source?</p> <p>Any Livestock, Exotic or Domestic Pets? (If "Yes", describe in remarks) _____</p> <p>Pool or Hot Tub?</p> <p>If "Yes", is it fenced?</p> <p>Lot Size over 5 Acres? If "Yes", # of Acres _____</p> <p>Business on Premises? (If "Yes", describe in remarks) _____</p> <p>Any Construction or Remodeling?</p> <p>Any Unrepaired Damages?</p> <p>Is Dwelling a Mobile Home or Portable Bldg?</p> <p align="center">IF "YES", PLEASE SUBMIT.</p>	<p align="center">YES NO YES NO</p> <p>Has anyone with a Financial Interest in this property been Convicted of, Arrested for or Charged with Arson, Fraud or Other Crimes related to a loss on property owned now or during the past 10 years?</p> <p align="center">(If "Yes", please describe in remarks) _____</p> <p>PREVIOUS CARRIER: _____</p> <p>POLICY NUMBER: _____</p> <p>What type of coverage was previously carried on this Dwelling? _____</p> <p>Any Cancellations, Declinations or Non-Renewals in the past 5 Years? (If "Yes", explain in remarks) _____</p> <p>How long have you lived in the home? _____</p>
---	--

LIST ALL LOSSES IN THE PAST 10 YEARS			NONE
DATE: _____	CAUSE: _____	\$ _____	
DATE: _____	CAUSE: _____	\$ _____	
DATE: _____	CAUSE: _____	\$ _____	
DATE: _____	CAUSE: _____	\$ _____	

Be sure to give specifics of losses, IE: CAUSE: WATER NEED WHAT HAPPENED, NOT JUST WATER LOSS.

Remarks / Details (if additional space is needed, please use separate sheet of paper)

PRODUCER WARRANTIES Do Not Fill This Section, Reserved for Agency Use Only		
	YES	NO
Have you personally (or your agency representative) inspected this risk in the last 60 days?		
If YES, do you recommend this risk from the standpoint of pride of ownership and state of repair?		
Producer Code: _____		
Producer: _____		
Agency Name: _____		
Address: _____		
Phone: _____		
Fax: _____		

DWELLING POLICY RESTRICTION

**THIS POLICY CONTAINS THE FOLLOWING MAJOR LIMITATIONS OR EXCLUSIONS.
PLEASE READ THEM CAREFULLY**

1. Premium is 25% fully earned.
2. All policy fees and inspection fees are 100% fully earned.
3. This policy does not cover transmission of communicable diseases, assault and/or battery, punitive or exemplary damages, pollution or lead contamination, asbestos and silica dust and/or toxic dust exclusion.
4. Policy valuation is based on 80% of actual cash value.
5. There is no coverage provided hereunder for business property, business related property, gems, art, stamps, money, coins, bullion, boats, motors, or guns unless scheduled hereunder and premium paid therefore.
6. Roofs in worn out condition or older than the normal life expectancy of a standard roof are not insured for hail and/or wind damages. Also, no coverage is afforded for the removal of multiple layers of roofing in the event of a covered loss.
7. Swimming pools are not covered for liability or medical payments.
8. Premises vacant or unoccupied over 60 days renders this policy null and void.
9. This policy does not cover the described premises in the event of change of ownership or occupancy.
10. This policy does not cover liability for property damage or bodily injury caused by any animals or pets wither owned by the insured or not and wither disclosed or not on the application.
11. Notwithstanding any other provision in this policy, no coverage of any kind is afforded by this policy for any damage to insured property, whether caused directly or indirectly by a covered peril, resulting from rust, rot, mold or other fungi, spores, dust, contamination, deterioration, pollutants, asbestos, communicable disease, or infestation of rodents, insects or any other living organisms. Further, no liability coverage or legal defense will be provided for any third party bodily injury, property damage or medical payment claim resulting from or arising out of or alleged to have resulted from or arisen out of, any of such aforementioned conditions.
12. In consideration of the premium charged, no liability or property damages or medical payments arising out of the ownership, maintenance, use or existence of any trampoline or similar rebounding device.
13. We do not cover loss including loss of use, under coverage caused by settling, cracking, bulging, shrinkage, or expansion of foundation, walls, floors, ceilings, roof structures, walks, drives, curbs, fences, retaining walls or swimming pools.
14. There is NO coverage provided by this policy for damage caused by or resulting from bursting, breaking, seeping or leaking pipes in or below the ground floor slab or if there is no slab in or below the first floor surface. Further, NO coverage is provided for the cost of accessing any such leak in order to do repairs.
15. No coverage is provided for business and/or home business buildings, structures, machinery or equipment. Further, no liability coverage is provided for any business activity whether at the home, business or away from the insured's premises.
16. No coverage is provided by this policy for liability or physical damage for a ALL Terrain Vehicle (ATV).
17. No legal defense is provided by this policy for any third party property damage or bodily injury arising from any cause for which this policy provides no coverage.

DECLARATIONS OF THE INSURED:

1. The described premises are occupied by not more than two families and not more than one roomer or boarder per family.
2. The above premises of the described dwelling are the only premises where the Named Insured or spouse maintains a residence.
3. No business pursuits are conducted on the premises of the described dwelling.
If NOT, explain in REMARKS.

I acknowledge and warrant that the information given in this application even if not in my handwriting, is true and correct to the best of my knowledge and belief.

SPECIAL NOTICE: As part of our underwriting procedure, a routine inquiry and/or a consumer credit report may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living . Upon written request, additional information as to the nature and scope of the report, if one is made will be provided.

Signature: _____

Date: _____