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QUOTE NUMBER: _____

POLICY PERIOD _____ to _____

PRIMARY

HOMEOWNERS HO-A 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: _____

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 <input type="checkbox"/>	Pier & Beam <input type="checkbox"/>	
GARAGE: ATTACHED <input type="checkbox"/>	FREE STANDING <input type="checkbox"/>	NONE <input type="checkbox"/>			
CONSTRUCTION: Frame <input type="checkbox"/>	Asbestos/Stucco <input type="checkbox"/>	Brick Veneer <input type="checkbox"/>	Brick/Masonry <input type="checkbox"/>	Steel Siding <input type="checkbox"/>	Vinyl Siding <input type="checkbox"/>
ROOF: Composition <input type="checkbox"/>	Metal <input type="checkbox"/>	Other <input type="checkbox"/>	AGE OF ROOF: _____	INSIDE CITY LIMITS? YES <input type="checkbox"/>	NO <input type="checkbox"/>
DISTANCE FROM FIRE HYDRANT? Within 500' <input type="checkbox"/>	501'-1,000' <input type="checkbox"/>	OVER 1,000' <input type="checkbox"/>			

LIMITS: Dwelling \$ _____ Unscheduled Personal Prop. \$ _____
Liability \$ _____ Premises Medical Payments \$ _____
Purchase Price \$ _____ ACV \$ _____

PREMIUM TO BE: Paid in Full Premium Financed Mortgagee Billed

ALL QUESTIONS MUST BE ANSWERED

	YES	NO		YES	NO
ROOF REPLACED? (If "Yes", when) _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
ROOF CONDITION: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>					
IS ROOF OVERLAID?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?		
ALUMINUM WIRING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Wiring Replaced? (If "Yes", When) _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Plumbing Replaced? (If "Yes", When) _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
CENTRAL AIR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CENTRAL HEAT? (If "No", describe in remarks) _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If "Yes", please describe in remarks) _____		
Wood Burning Stove / Space Heater - Primary Heat Source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PREVIOUS CARRIER: _____		
Any Livestock, Exotic or Domestic Pets? (If "Yes", describe in remarks) _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	POLICY NUMBER: _____		
Pool or Hot Tub?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	What type of coverage was previously carried on this Dwelling? _____		
If "Yes", is it fenced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Lot Size over 5 Acres? If "Yes", # of Acres _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Business on Premises? (If "Yes", describe in remarks) _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Cancellations, Declinations or Non-Renewals in the past 5 Years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any Construction or Remodeling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If "Yes", explain in remarks) _____		
Any Unrepaired Damages?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Is Dwelling a Mobile Home or Portable Bldg? IF "YES", PLEASE SUBMIT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	How long have you lived in the home? _____		

LIST ALL LOSSES IN THE PAST 3 YEARS				<input type="checkbox"/> NONE
DATE: _____	CAUSE: _____		\$ _____	
DATE: _____	CAUSE: _____		\$ _____	
DATE: _____	CAUSE: _____		\$ _____	
DATE: _____	CAUSE: _____		\$ _____	
Be sure to give specifics of losses, IE: CAUSE: WATERNEED WHAT HAPPENED, NOT JUST WATER LOSS.				

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

		YES	NO
Have you personally (or your agency representative) inspected this risk in the last 60 days?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If YES, do you recommend this risk from the standpoint of pride of ownership and state of repair?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Producer Code: _____ Producer: _____ Agency Name: _____ Address: _____ Phone: _____ Fax: _____			

HOMEOWNERS FORM A 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.
18. Other limitations and restrictins may apply. Please read your policy carefully.

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: _____