



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 800-478-9880

Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 888-408-8081

HOMEOWNERS

General Information

Proposed Effective Date: _____

Applicant's Name: _____ Date of Birth: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Residential Telephone Number: _____ Fax: _____

Physical Location (if different): _____

Population within 50 Miles: _____ Contact Person: _____

Is the Applicant married? Yes No

If yes, answer: Spouse's Name: _____ Spouse's Birth Date: _____

Broker's Name: _____ Broker E-mail: _____

Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

_____ Has

the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

Desired Insurance

Policy Form: Homeowners Dwelling Fire (For Mobile Home coverage, please complete the Mobile Home application.)

Term: 3 Months 6 Months 1 Year

Coverage: Homeowners – Excluding Burglary Homeowners – Excluding Burglary, Including Replacement Cost
 Homeowners – Including Burglary Homeowners – Including Burglary, Including Replacement Cost

Please note: Flood coverage is EXCLUDED.

Homeowner Liability:

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000

<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

Dwelling Values:

Dwelling: \$ _____
 Other Structures: \$ _____
 Personal Property: \$ _____
 Loss of Use: \$ _____
 Liability: \$ _____

Deductible: \$500 \$1,000 \$1,500 \$2,500 \$5,000 \$10,000

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Wind Deductible: \$ _____

Property Information

1. County: _____
2. Is this location within 50 miles of an ocean or a great lake? Yes No
3. Total monthly household income and source(s) \$ _____
4. Has the Applicant ever filed for bankruptcy? Yes No
5. Applicant's current employer(s): _____
 - a. Name: _____
 - b. Address: _____
 - c. Job title of Applicant: _____
 - d. Length of time employed there: _____
6. Mortgages/additional interests: _____
7. Mortgagee Name & Address: _____
8. Remaining balance of mortgage: \$ _____
9. Number of years left on loan: _____
10. Are mortgage payments current? Yes No
11. Use/Occupancy (circle number of occupants): 1 2 3 4 Family Owner Tenant Occupied
 Commercial (describe current or former occupancy): _____

Structural Information

12. Is the building currently vacant? Yes No
 If yes, answer:
 - a. Length of vacancy (yrs./mos.): _____
 - b. Future plans: _____
13. Stories: _____
14. Year built: _____
15. Square feet (not including basement): _____
16. Public protection class: _____
17. Distance to nearest fire department? Within 1 mile 1-5 miles Over 5 miles
18. Distance to nearest fire hydrant? Within 500 feet 501 feet-1,000 feet Over 1,000 feet
19. Construction: Frame Masonry
20. Garage: Attached Free standing None

21. Type of roof: Shingle Tin Earthen Tile Gravel Other: _____
22. Has the roof been replaced? Yes No If yes, when (year): _____
23. Roof condition: Excellent Good Fair Poor
24. Type of wiring: Copper Aluminum Other: _____
25. Has the wiring been replaced? Yes No If yes, when (year): _____
26. Does the structure have fuses or breakers? Yes No
27. Plumbing type: Lead Copper Other: _____
28. Has the plumbing been replaced? Yes No If yes, when (year): _____
29. Foundation type: Cement Foundation Pylons Other: _____
30. Describe condition of foundation: Good Poor Needs Repair
31. Primary heat source: _____ Does the property contain a kerosene or woodstove? Yes No
32. Central air? Yes No
33. Site security (if any): _____
34. Condition of dwelling: Excellent Good Above Average Fair
35. Livestock or domestic pets? Yes No
If yes, please describe: _____
36. Smoke detector? Battery Direct Wire None
37. Carbon monoxide detector? Battery Direct Wire None

Surrounding Hazards

38. Is structure surrounded by trees? Yes No
If yes, please answer:
a. Type(s) of tree(s): _____
b. Average height: _____
39. Are there telephone or electrical poles close to structure? Yes No
40. Describe the general characteristics of surrounding area: _____
41. Are there any other factors that would constitute a wind hazard? Yes No
42. Are there any bodies of water close to structure including rivers, lakes, ponds, or any other possible water hazard?
 Yes No If yes, describe: _____
43. Is structure located in flood plain? Yes No
If yes, what is the frequency of floods in that area? _____
44. Has there ever been flood damage to structure? Yes No
Year: _____ Amount: \$ _____
****NOTE: Flood coverage excluded.**
45. Is there a pool near the structure? Yes No
46. Is there a trampoline near structure? Yes No
47. Is there any kind of fuel storage structures, including propane tanks, located near structure? Yes No
If yes, indicate distance from structure: _____
48. Please describe any un-repaired damage: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to

assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature Signature

Print Name Print Name