



Salt Lake City Area Office
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 Chicago, IL 60606
 800-456-4576 • Fax 888-408-8081

RENTER'S PROPERTY

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Telephone Number: _____ Fax: _____

Physical Location of Residence Premises to be insured (if different):

Contact Person: _____

2. Insurance History

Who is your current renter's 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 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: _____

3. Desired Insurance

	Actual Cash Value	Replacement Cost Value
Contents Value to be Insured	\$	\$
Other Property Valued over \$1,000: (describe) _____	\$	\$
Other Property Valued over \$1,000: (describe) _____	\$	\$
Other Property Valued over \$1,000: (describe)	\$	\$

_____	_____	_____
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Deductible: \$100 (Minimum) \$250 \$500 \$1000 \$1500

4. Property Information

Answer the following questions for the Residence Premises to be insured (attach additional schedules for additional building and contents if needed):

1. Year built (approximate if necessary): _____ Number of stories: _____
2. Predominant construction material: _____ Square Footage: _____
3. Description and occupancy/contents: _____

4. Condition:

- a. Building: Good Fair Poor
b. Roof: Good Fair Poor

5. Neighborhood description: _____

- a. Type: Residential Commercial Rural
b. Status: Improving Stable

6. Approximate distance to nearest fire hydrant? _____

7. Fire extinguishers kept on Residence Premises? Yes No

If yes, please answer the following:

- a. Number of extinguishers: _____
b. Type: _____
c. Location(s): _____
d. Last Inspection: _____

8. CO₂ system: _____

- a. Manual or automatic: _____
b. When last weighed: _____

9. Does Residence Premises have sprinkler system? Yes No

10. Hazards noted:

- a. Dead trees or limbs Yes No
b. Difficult access for Fire Dept. Yes No
c. Flooding or high water Yes No
d. Isolated or hidden Yes No
e. Combustible brush or debris Yes No
f. Residence Premises total square footage: _____ sq. ft.

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 Insurance 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 Insurance 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 Insurance 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 Insurance. 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 Insurance which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Print Name

Signature