



APPLICANT / OWNER		PRODUCER	
Name		Agent Name:	GA and Subagent #:
Address		Sub Agent Address:	Sub Agent Phone #:
City	State	Zip	
County		POLICY TERM	
Home Phone: () () ()	Work Phone: () () ()	From	To
Occupation		Policy Term: 12 Months	
Employer		Time	AM <input type="checkbox"/> PM <input type="checkbox"/>
Social Security #	DOB	Suspense No.	Policy No.
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		BINDING COVERAGE: For coverage to begin as requested, the application must be fully completed and signed within 48 hours of the requested effective date. Otherwise, coverage is bound at 12:01 a.m. the day the application is received by the General Agent.	
Spouse's Name		BILLING / ACCOUNTING INFORMATION	
Spouse's Social Security #	DOB	Check # _____	Amount of Cash with Application \$ _____
Spouse's Occupation		<input type="checkbox"/> One Pay <input type="checkbox"/> Two Pay* <input type="checkbox"/> Four Pay* *Each installment includes a \$6 fully earned service charge.	
Spouse's Employer			

LOCATION	<input type="checkbox"/> LIENHOLDER
Address, if different than above (include city, state, zip and county)	Name
	Loan #
	Address
	City
	State
	Zip

GENERAL INFORMATION									
Territory/Zone	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	Roof Type	# of Families	Use			
						<input type="checkbox"/> Seasonal	<input type="checkbox"/> Rental	<input type="checkbox"/> Owner - Full Time	
Construction Type			Year Built	# of Stories	Square Footage	Date Purchased	Purchase Price		
<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____									

UNACCEPTABLE RISKS - DO NOT SUBMIT		
	<i>Any "Yes" Response Makes the Risk Unacceptable!</i>	YES NO
1.	If risk is an apartment, is it a cooperative?	<input type="checkbox"/> <input type="checkbox"/>
2.	Is the risk a mobile home, trailer home, modular home, houseboat, portable building, or any structure made of cloth or canvas?	<input type="checkbox"/> <input type="checkbox"/>
3.	Is the risk a vacant unit?	<input type="checkbox"/> <input type="checkbox"/>
4.	Is the risk a short term or vacation rental?	<input type="checkbox"/> <input type="checkbox"/>
5.	Is the home under construction or major renovation?	<input type="checkbox"/> <input type="checkbox"/>
6.	Is the unit in foreclosure, a property where tenants are behind in rent or where occupant in possession is adverse to owner?	<input type="checkbox"/> <input type="checkbox"/>
7.	Is the unit rented to others for commercial use or property with any type of business on the premises?	<input type="checkbox"/> <input type="checkbox"/>
8.	Does the unit have other insurance in force, except insurance which covers perils not insured by the unit owners policy?	<input type="checkbox"/> <input type="checkbox"/>
9.	Is the unit on piers or pilings?	<input type="checkbox"/> <input type="checkbox"/>
10.	Is the unit located in or near brush fire or landslide areas?	<input type="checkbox"/> <input type="checkbox"/>
11.	Is the unit without permanently installed water, electricity, or sewage utility services?	<input type="checkbox"/> <input type="checkbox"/>
12.	Is the unit located in a forested area?	<input type="checkbox"/> <input type="checkbox"/>
13.	Does the unit have more than two mortgages?	<input type="checkbox"/> <input type="checkbox"/>
14.	Is the unit poorly maintained in an uninsurable condition (must show pride of ownership; no boarded up or vandalized houses)?	<input type="checkbox"/> <input type="checkbox"/>
15.	Is the unit occupied by more than one family?	<input type="checkbox"/> <input type="checkbox"/>
16.	Does the unit have unrepaired damage and/or open claims, including earthquake damage?	<input type="checkbox"/> <input type="checkbox"/>
17.	Does the risk have more than three claims/losses within the past 36 months?	<input type="checkbox"/> <input type="checkbox"/>

18.	Has the risk had any claims/losses resulting from any insured's willful or malicious behavior?	<input type="checkbox"/> <input type="checkbox"/>
19.	Has the insured been refused, canceled, or non-renewed in the past three years?	<input type="checkbox"/> <input type="checkbox"/>
20.	Is there any type of business conducted on the premises? This includes, but is not limited to childcare.	<input type="checkbox"/> <input type="checkbox"/>
21.	Does the home have any homemade supplemental heating devices; supplemental heating devices that are the primary source of heat; or supplemental heating devices that are not properly maintained?	<input type="checkbox"/> <input type="checkbox"/>
22.	Is the insured asking for a declared value of more than the requested policy limits?	<input type="checkbox"/> <input type="checkbox"/>

POLICY INFORMATION		
COVERAGES	LIMITS	PREMIUM
DWELLING (\$1,000 Limit included in Package at No Charge)	\$	\$
PERSONAL PROPERTY	\$	\$
LOSS OF USE - 10% of Personal Property	\$	INCLUDED
LIABILITY	\$	\$
MEDICAL PAYMENTS (Included if Liability coverage Purchased)	\$500 Per Person \$5,000 Per Occurrence	INCLUDED
DEDUCTIBLE: <input type="checkbox"/> \$250		INCLUDED
INCREASE DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000		\$
EARTHQUAKE (10% Earthquake Deductible) <i>Must complete and sign Earthquake Disclosure.</i>		
SURCHARGES/CREDITS/OTHER COVERAGES		
Supplemental Heating Surcharge (Submit a Questionnaire and Photo)		\$
Replacement Cost Personal Property		\$
Increased Loss Assessment (\$2,500)		\$
Minimum Premium: \$175 / Minimum Earned Premium: \$95		\$
TOTAL PREMIUM:		\$

Application must be completed in full, including reverse side.

USE THIS AREA TO EXPLAIN ANY FURTHER UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

EARTHQUAKE COVERAGE OFFER – CALIFORNIA

Your policy does not provide coverage against the peril of Earthquake. California law requires that Earthquake Coverage be offered to you at your option. The coverage, subject to policy provisions, may be purchased at an additional cost on the following terms. This coverage cannot be bound during the first 60 days immediately following an earthquake measuring 5.0 or greater on the Richter scale if the premises is located within a 100 mile radius from the epicenter.

AGENT/BROKER MUST COMPLETE (A) AND (C).

(A) AMOUNT OF COVERAGE: \$ _____ (Must be same as Coverage A & C)

(B) APPLICANT DEDUCTIBLE 10% OF AMOUNT OF COVERAGE

If your deductible amount exceeds the amount of the loss, we will not pay for the loss.

(C) PREMIUM \$ _____

RATES: WOOD/FRAME/STUCCO – \$ 6.00 per \$1,000 of Coverage

MASONRY – \$10.00 per \$1,000 of Coverage

DO NOT SIGN THIS FORM WITHOUT READING IT!

If exclusion is not signed by insured, coverage will be added.

YES. I WOULD LIKE TO ADD EARTHQUAKE COVERAGE TO THE COVERAGES REQUESTED.

NO. I DO **NOT** WANT TO ADD EARTHQUAKE COVERAGE TO THE COVERAGES REQUESTED.

APPLICANT'S SIGNATURE: X _____ DATE _____

AMOUNT OF COVERAGE AND PREMIUM MUST BE FILLED IN EVEN WHEN COVERAGE IS REJECTED.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given in compliance with the Federal Credit Reporting Act (Public law 91-508). As part of our underwriting procedure, a routine inquiry 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.

FRAUD WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

PRIVACY POLICY: I have received and read a copy of the Company's Privacy Policy. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by the Company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application of any policy issued to me may be used by the Company to issue, review, and renew the insurance for which I am applying.

X _____

MUST BE SIGNED (Signature of Applicant)

Date

X _____

MUST BE SIGNED - Signature of Producer

Date