



HOMEOWNER APPLICATION

POLICY TYPE: INDICATE POLICY TYPE, OCCUPANCY & MOBILE HOME, IF APPLICABLE						If the dwelling is a mobile home, the mobile home questionnaire must be completed and attached to this application					
HOME-GUARD 2 - BASIC		HOME-GUARD 4 - CONTENTS				HOME-GUARD 9 - PROPERTY					
HOME-GUARD 3 - SPECIAL		HOME-GUARD 6 - CONDO UNIT OWNERS				PERSONAL LIABILITY					
MOBILE HOME		OWNER-OCCUPIED		TENANT		DATE (MM/DD/YYYY)					
TENANT MOBILE HOME		RENTED DWELLING		VACANT							

AGENT INFORMATION:

AGENT NAME AND ADDRESS:	NAMED INSURED'S NAME AND MAILING ADDRESS:	POLICY NO:
		EFFECTIVE DATE:
		EXPIRATION DATE:
AGENT PHONE:	NAMED INSURED'S HOME PHONE:	12:01 a.m. EST at the address of the Named Insured.

NAMED INSURED'S INFORMATION:

PREVIOUS ADDRESS (if less than 3 years)	YRS AT PREV ADDR	LOCATION OF RESIDENCE/INSURED PREMISES:							COUNTY:		
		1/4:	SEC:	T: N or S	R: E or W	TWP:	PREMISES ADDRESS:			TOWN:	STATE:
		PREMISES OCCUPIED BY:								INTEREST OF INSURED:	
NAMED INSURED'S OCCUPATION (State nature of business if self-employed)	NAMED INSURED'S EMPLOYER NAME AND ADDRESS				CURR OCC	CURR EMPL	PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #	
2ND NAMED INSURED'S OCCUPATION (State nature of business if self-employed)	2ND NAMED INSURED'S EMPLOYER NAME AND ADDRESS				YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #	
HOW LONG HAVE YOU KNOWN THE APPLICANT?					DATE AGENT LAST INSPECTED PROPERTY:						

PROPERTY COVERAGES/LIMITS OF LIABILITY

DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	DED (Type & Amount)	
						ALL PERIL	
\$	\$	\$	\$	\$	\$	WIND/HAIL	
						THEFT	
						FIRE & EC	

SUBJECT TO FORMS:

	PREMIUM
	EST TOTAL PREMIUM
	\$
	DEPOSIT
	\$
	BALANCE
	\$

LIABILITY COVERAGES - FARMERS MUTUAL HAIL

	LIMITS OF LIAB	PREMIUM
COVERAGE E - LIABILITY TO PUBLIC <small>The General Annual Aggregate is equal to twice the limit shown above for Coverage E - Liability to Public. The Annual Aggregate Limit for pollution risks is \$300,000</small>	EACH OCCURENCE	\$
COVERAGE E - 1 DAMAGE TO PROPERTY OF OTHERS	EACH OCCURENCE	\$
COVERAGE F - MEDICAL PAYMENTS TO PUBLIC	EACH PERSON	\$
OPTIONAL COVERAGE(S)	DESCRIPTION	PREMIUM
INCIDENTAL BUSINESS ACTIVITY	GROSS RECEIPTS: \$	\$
INCIDENTAL AGRICULTURAL ACTIVITY	ACRES: LIVESTOCK: YES NO	\$
ADD'L PREMISE	RENTAL PREMISE	\$

SUBJECT TO LIABILITY FORMS:

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PAYMENT PLAN:

BILLING:	IF DIRECT BILL:	BILLING NAME AND ADDRESS:	MAIL POLICY TO:
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL INSURED		<input type="checkbox"/> AGENT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE		<input type="checkbox"/> INSURED
	<input type="checkbox"/> BILL OTHER:		<input type="checkbox"/> MORTGAGEE
			<input type="checkbox"/> NEW
			<input type="checkbox"/> CHANGE
			<input type="checkbox"/> REPLACES NO:
MORTGAGEE NAME AND ADDRESS:			
PREMIUMS	FIRE \$	WINDSTORM-HAIL \$	LIABILITY \$
			OTHER \$
			TOTAL \$
			BILLING MODE

THIS POLICY WILL BE CONTINUED TO THE EXPIRATION DATE ABOVE IF YOU PAY THE REQUIRED PREMIUM FOR EACH SUCCESSIVE YEAR OR PREMIUM PAYMENT PERIOD. REQUIRED PREMIUMS WILL BE BASED ON OUR RATES THEN IN EFFECT.

RATING/UNDERWRITING

FRAME		MFG HOME		YR BUILT	SQ FT	USAGE TYPE	PROTECT CLASS	DISTANCE TO		HEAT TYPE		DATE HEATING SYSTEM LAST SERVICED					
MASONRY		VINYL SIDING		MARKET VALUE				PRIMARY	HYDRANT	FIRE STATION	PRIMARY:		HOUSEKEEPING CONDITION				
MASONRY VENEER		ALUMINUM SIDING							SECONDARY	SECONDARY:		FT		MI		NONE	
FIRE RES									SEASONAL								
RENOVATION TYPE		PART	COMP	YEAR	PLUMBING SYSTEM CONDITION		DWELLING LOCATION		SWIMMING POOL		ROOF MATERIAL	ROOF YEAR					
PLUMBING					WITHIN CITY LIMITS		<input type="checkbox"/> YES <input type="checkbox"/> NO		APPROVED FENCE		CONDITION OF ROOF						
HEATING					WITHIN FIRE DIST		<input type="checkbox"/> YES <input type="checkbox"/> NO		DIVING BOARD		FIREPLACES (Enter Number)						
ROOFING					WITHIN PROT SUBURB		<input type="checkbox"/> YES <input type="checkbox"/> NO		SLIDE		<input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND	<input type="checkbox"/> CHIMNEYS <input type="checkbox"/> PRE-FAB <input type="checkbox"/> HEARTHES <input type="checkbox"/> WOOD STOVE INSERT					
EXTERIOR PAINT					PLUMBING SYSTEM ANY KNOWN LEAKS												

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO	
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)			14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)				15. IS THERE A MANAGER ON THE PREMISES?		
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?				16. IS THERE A SECURITY ATTENDANT?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?				17. IS THE BUILDING ENTRANCE LOCKED?		
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO				20. IS HOUSE FOR SALE?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				22. IS THERE A TRAMPOLINE ON THE PREMISES?		
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				24. ANY LEAD PAINT HAZARD?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)						

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INSURED(S):

NAME	ADDRESS	INTEREST OF ADD'L INS	PROPERTY	LIABILITY	LIMITED FORM
					<input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS**BINDER/SIGNATURE**

THE APPLICANT APPLIES TO FOR INSURANCE FOR FIRE AND ALLIED PERILS.	AND TO: FARMERS MUTUAL HAIL FOR LIABILITY INSURANCE.
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APPLICANT PLEASE READ AND UNDERSTAND - IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM YOU ARE AQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GNERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. YOU HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

<input type="checkbox"/> BOUND COVERAGE: COVERAGE IS BOUND AS OF THE EFFECTIVE DATE SHOWN ON THIS APPLICATION.
<input type="checkbox"/> NON-BOUND COVERAGE: COVERAGE IS NOT BOUND UNTIL THE APPLICATION IS APPROVED BY THE FIRE AND ALLIED PERILS INSURER.
<input type="checkbox"/> I UNDERSTAND THIS POLICY PROVIDES ACTUAL CASH VALUE ON THE DWELLING (THIS BOX SHOULD BE COMPLETED IF POLICY IS FORM HG 2 OR HG 9).

BY SIGNING THIS APPLICATION, THE APPLICANT AGREES THAT THE ANSWERS HE/SHE HAS GIVEN IN APPLYING FOR COVERAGE ARE TRUE AND THAT NO MATERIAL FACT HAS BEEN WITHELD.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE