

HO-8 APPLICATION LOB 28

PHOTOS OF FRONT AND BACK OF
DWELLING MUST BE ATTACHED.

NAMED INSURED		PRODUCER	
Name		Agency Name:	Agent #:
Address		Agent Code:	Sub-Agent Code:
City	State	REQUEST POLICY TERM	
County	Phone No.	From:	To: Policy Term: 12 Months
Occupation	Employer	Time:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Social Security #	DOB	BINDING COVERAGE: For coverage to begin as requested, the application must be mailed within 72 hours of the effective date of coverage. Otherwise, coverage is bound at 12:01 a.m. the day of the postmark.	
Spouse's Name	DOB		
Spouse's Social Security #	DOB	LOCATION	
Spouse's Occupation	Spouse's Employer	Address, if different than above (include city, state, zip and county)	
Add'l Insured			
Address			
City	Zip	Is home located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No * Please list driving directions!	

BILLING / ACCOUNTING INFORMATION	
BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder	*PAYMENT PLANS: If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment or 4-payment option to be selected.
Check # _____ Check Amt \$ _____	<input type="checkbox"/> 1-Pay, 100% payment, plus any applicable taxes and fees <input type="checkbox"/> 4-Pay, 25% down, plus any applicable taxes and fees * Each installment includes a \$6 fully earned service charge
	<input type="checkbox"/> 2-Pay, 50% down, plus any applicable taxes and fees

<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> ADDITIONAL INSURED	
Name	Loan #	Name	Loan #
Address		Address	
City	State Zip	City	State Zip

GENERAL INFORMATION						
Territory	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	Volunteer Fire Dept. <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Families	# of Occupants
Construction <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer		Year Built	# of Stories	Square Footage	Supplemental Heating Device <input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:	
Protective Devices <input type="checkbox"/> None <input type="checkbox"/> Central Station Fire Alarm		Year Purchased		Purchase Price	Actual Cash Value (Excluding Land)	
Type of Wiring: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Fuses and Circuit Breakers <input type="checkbox"/> Other: _____				\$	\$	
Type of Heating: _____		Date Of Last Update: _____			<input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	
Type of Plumbing: _____						
Type of Roofing: _____		Age of Roof: _____	Date Of Last Update: _____	To What Extent: _____		
Describe Unattached Structures:		Year Built	Square Footage	Actual Cash Value (Excluding Land)		
				\$		

MUST COMPLETE THE FOLLOWING	
USAGE: <input type="checkbox"/> Primary <input type="checkbox"/> Other _____	
HOW LONG HAS APPLICANT LIVED IN THE HOME? _____	
PRIOR INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase	
Prior Company: _____	
Expiration of Prior Policy: _____	
ANIMALS ON PREMISES: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Animal: _____ Breed of Dog: _____	
DISCOUNT / SURCHARGE SECTION	
\$1,000 Deductible (\$500 Deductible Included)	-10% <input type="checkbox"/>
\$2,500 Deductible (\$500 Deductible Included)	-15% <input type="checkbox"/>
Central Station Fire Alarm System	-5% <input type="checkbox"/>
Insured Age 50 and Older	-5% <input type="checkbox"/>
Supplemental Heating Surcharge	+5% <input type="checkbox"/>
Age of Home (constructed prior to 1930)	+25% <input type="checkbox"/>
Automatic Interior Sprinkler System	-8% <input type="checkbox"/>
TOTAL:	

POLICY INFORMATION		
COVERAGES	LIMITS	PREMIUM
Dwelling	\$	\$
Total Amount of Other Structures		
Total Amount of Personal Property		
Total Amount of Additional Living Expense		
Personal Liability		
Medical Payments to Others		
BASE PREMIUM:		
** DISCOUNT/SURCHARGE PERCENTAGE: (See shaded Section to the left.)		%
DISCOUNT/SURCHARGE AMOUNT: (BASE PREMIUM multiplied by DISCOUNT/SURCHARGE %)		\$
SUBTOTAL: (BASE PREMIUM plus DISCOUNT/SURCHARGE AMOUNT)		
Optional Coverages: List below.		
Policy Fee and Inspection Fee:		\$ 35.00
Minimum Written Premium is \$100. Minimum Earned Premium is \$100.		TOTAL PREMIUM: \$

LOSS HISTORY

HAVE YOU HAD ANY PRIOR LOSSES? Yes No If Yes, indicate below.

Description of Loss _____	Date _____	Amount Paid _____
Description of Loss _____	Date _____	Amount Paid _____
Description of Loss _____	Date _____	Amount Paid _____

If the applicant has had 2 or more property losses (paid or unpaid) in the past 36 months or any single fire, theft, liability or water loss in the past 36 months, the risk must be submitted to the General Agent for acceptability.

UNACCEPTABLE RISKS – DO NOT BIND, DO NOT SUBMIT

Any "Yes" response makes the risk unacceptable and it cannot be written!

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the home have any existing structural damage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the home in foreclosure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the home have any liquid fuel-powered space heaters or heat reclaiming devices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the home have knob and tube wiring or electrical with less than 100 AMP service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the home under construction or major renovation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the home a mobile home, row home, dome home, log home, straw built home or condominium? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there a swimming pool or jacuzzi that does not have a four-foot fence with a self-latching gate or a motorized pool cover? (Eligible with Swimming Pool Exclusion) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the applicant own, keep, or shelter any of the following breeds: Akitas, Anatolian Shepherds, Chows, Dobermans, Pit Bulls, Rottweilers, Wolves or Wolf Hybrids, any mix of the breeds with any other breed whether listed or not, any animal with a previous bite history or any exotic (snakes, monkeys, etc.) animals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the primary source of heat a wood/coal/ pellet burning device? | <input type="checkbox"/> | <input type="checkbox"/> |

SUBMIT RISKS TO GENERAL AGENT – DO NOT BIND

Any "Yes" response must be explained below and submitted unbound!

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has the applicant had a homeowners/dwelling policy cancelled or non-renewed for underwriting reasons (except age of home) during the past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the applicant filed for bankruptcy in the past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant been delinquent in mortgage payments in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the home been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the home attached to, occupied as or converted from a commercial risk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the home have an open foundation or is it built on stilts, posts or piers? <i>Photos must be included.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the home located within 1,500 feet of a river or creek or is it located on an island or in a Special Flood Hazard Area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there multiple horses, livestock or farm animals on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the premises have 5 or more acres? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are farming activities conducted on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the home have a supplemental heating device that was not installed by a licensed contractor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are there any business activities conducted on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the home have any unrepaired or existing non-structural damage? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "Yes" answers! _____

SPECIFIC BREED ANIMAL LIABILITY EXCLUSION NOTICE: In understand the Specific Breed Animal Liability Exclusion will be attached to my policy if Liability is purchased and that bodily injury, property damage or any other loss or expense arising out of any occurrence involving any of the following types of animals and/or breeds of dogs will not be covered or mix of any of the following breeds with any other breed whether listed or not: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Anatolian Shepard, Chow, Doberman, Pit Bull, Rottweiler, Wolf or Wolf Hybrid.

APPLICATIONS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

X _____ X _____
 (Signature of Applicant) Date (Signature of Producer) Date