



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:	
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

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			
MORTGAGEE NAME AND ADDRESS:		<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> REPLACES NO:				
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:			
FIRE RES				SEASONAL			FT	MI	NONE	
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		CONDITION OF ROOF		
HEATING					WITHIN FIRE DIST	APPROVED FENCE		FIREPLACES (Enter Number)		
ROOFING				PLUMBING SYSTEM ANY KNOWN LEAKS	WITHIN PROT SUBURB	DIVING BOARD		CHIMNEYS	PRE-FAB	
EXTERIOR PAINT				YES <input type="checkbox"/> NO <input type="checkbox"/>		SLIDE		HEARTHES	WOOD STOVE INSERT	
						ABOVE GROUND				
						IN GROUND				

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	YES	NO	IF YES, INDICATE BELOW	AMOUNT

PRIOR COVERAGE

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

ADDITIONAL INSURED(S):

NAME	ADDRESS	INTEREST OF ADD'L INS	PROPERTY	LIABILITY	LIMITED FORM	
					YES	NO

REMARKS

BINDER/SIGNATURE

THE APPLICANT APPLIES TO	AND TO:
FOR INSURANCE FOR FIRE AND ALLIED PERILS.	FARMERS MUTUAL HAIL FOR LIABILITY INSURANCE.
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.	
BOUND COVERAGE: COVERAGE IS BOUND AS OF THE EFFECTIVE DATE SHOWN ON THIS APPLICATION.	
NON-BOUND COVERAGE: COVERAGE IS NOT BOUND UNTIL THE APPLICATION IS APPROVED BY THE FIRE AND ALLIED PERILS INSURER.	
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 WITHHELD.	
APPLICANT'S SIGNATURE	DATE
PRODUCER'S SIGNATURE	