

**HO-2 APPLICATION West Virginia IMHO-2 (06/12)**

inland mutual INSURANCE COMPANY



LAST FIRST M/I LAST FIRST M/I

Named Insured: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Spouse \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

DOB: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Employer \_\_\_\_\_ DOB: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Employer \_\_\_\_\_

Occupation: \_\_\_\_\_ No. yrs: \_\_\_\_\_ Occupation: \_\_\_\_\_ No. yrs: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Household Annual income: \_\_\_ Under \$15,000 \_\_\_ \$15,000 - \$30,000 \_\_\_ Over \$30,000 Number of Children at home: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Town/County/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Location of Premises if different than mailing address: \_\_\_\_\_

**Occupancy**

**HO-2 - COVERAGES AND LIMITS OF LIABILITY**

owner **SEC I** A. Dwelling \_\_\_\_\_ B. Other Structures **FEAD** C. Personal Property **CEAD** D. Loss of Use **CEAD** **SEC. II** E. Personal Liability (each occurrence) \_\_\_\_\_ F. Medical Payments (each pers/each acc.) \_\_\_\_\_  
 other (explain) \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$50,000 \_\_\_\_\_ \$1000 \_\_\_\_\_ /\$5,000

**DEDUCTIBLE** Section I: Any loss by perils insured against under Sec. I of this policy is subject to a mandatory deductible of \$500/\$1000 (\$500 all other perils) and (%1000 Windstorm/Hail) unless noted:

**REQUESTED DATE:** \_\_\_\_\_  
 (to be effective) \_\_\_\_\_  
 time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

**TERM:**  3 month  
 6 month  Annual

Base Premium \$	Additional Premium \$	Credits \$	Fees \$	Total \$	Amount Paid:
Additional Coverages or Endorsements requested at time of issue:	or	Explain additional Premium Charges Credits:	Payplan	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**DWELLING**

Year Const. \_\_\_\_\_ Construction Type \_\_\_\_\_ Roof Age \_\_\_\_\_ / in years \_\_\_\_\_ No. of Families \_\_\_\_\_ Purchase Price \_\_\_\_\_ Date Bought? \_\_\_\_\_ Current Dwelling Market Value (EXCLUDE LAND) \_\_\_\_\_

**INFORMATION:**

Responding Fire Dept.: \_\_\_\_\_ Volunteer  Yes  No Prot. Class: \_\_\_\_\_ Distance from F/D: \_\_\_\_\_ Distance from Hydrant: \_\_\_\_\_

If coverage needed for Specific OTHER STRUCTURES, describe and attach Photo \_\_\_\_\_ Value when insured \_\_\_\_\_ Purchase Price \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**MORTGAGEE / LIENHOLDER INFORMATION:** \_\_\_\_\_  
 Loan Balance: \_\_\_\_\_  
 Loan Number: \_\_\_\_\_  
**SUPPLEMENTAL APPLICATION IS REQUIRED FOR ADDITIONAL INSURED**  
 Additional Insured Information \_\_\_\_\_

Please "X" where BILLING is to be sent:  Insured  Mortgagee  Other - explain: \_\_\_\_\_

Is Dwelling being Purchased by a LAND or LEASE Purchase Contract?  NO  YES (IF YES, SUBMIT UNBOUND WITH COPY OF CONTRACT, The Lease Purchase Seller will be listed as an 'Additional Insured')

What is your MONTHLY Loan payment for the Dwelling: \_\_\_\_\_ Are your payments current and up to date?  NO  YES

**FOR BROKER COMPLETION:**  
 Do you personally know applicant or family?  Just Met  YES  
 If yes, how long? \_\_\_\_\_  
 Have you seen the Dwelling?  YES  NO, inside?  YES  NO  
 Is pride of ownership evident? \_\_\_\_\_  
 Have you written other lines of insurance for the applicant?  YES  NO

**BROKER:**  
 Address \_\_\_\_\_  
 Agent #: \_\_\_\_\_

**COVERAGE IS NOT BOUND BY THIS APPLICATION.**  
**TO HAVE COVERAGE BOUND, PLEASE CALL ASSOCIATED INSURANCE SERVICE, INC. (AIS).**  
**1-800-642-3541 (OR) (304) 529-2771**

I, \_\_\_\_\_ spoke with \_\_\_\_\_ of AIS,  
 who bound coverage effective \_\_\_\_\_ at \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

PLEASE COMPLETE BOTH SIDES AND ATTACH CURRENT PHOTO

HO-2 HOMEOWNER APPLICANT INFORMATION:

- 1) Applicant: Married Single Widow Divorced/Separated
2) Have you ever been indicted or convicted for the commission of a crime? NO YES - explain
3) Name of previous insurance carrier & policy number? Thru what agency?
If no previous insurance, why? if 'CANCELED', why?
Any late Pay notices on insurance in the last 2 years? NO YES; Any other Insurance in effect on the Dwelling, other structures or contents? NO YES
4) List all losses incurred (other than auto) during the last FIVE (5) years for Property, Theft, or Liability. If None, mark NONE
5) Have you EVER had a property loss greater than \$10,000? NO Yes - explain:
6) Any BUSINESS, paid childcare or eldercare conducted on the premises? NO YES, explain:
7) Has Applicant gone through BANKRUPTCY proceedings or REPOSSESSIONS within the last 7 years? NO YES, explain
8) How long has Applicant lived in current residence?
9) Do you have DOGS on premises? NO YES, IF 'YES', what BREED: ever bitten anyone?

DWELLING INFORMATION:

- A) Continuously enclosed masonry foundation? YES NO; if no, explain:
B) Ground Floor Area: sq. ft.; # of floors: # of rooms: ELECTRIC SERVICE: Fuse Breaker; size of electrical service: amps
C) Has electrical system (wiring) been inspected by a qualified electrician? When? How old is wiring?
D) If dwelling is in excess of 25 years, show year of modernization for: PLUMBING: HEATING: ELECTRIC: ROOF:
E) Please 'X' answer that applies - Fire Extinguisher Smoke Detectors Attached Garage Detached Garage Residence Employees NO YES Central Heat Floor Furnace Electric Baseboard Heat GAS SPACE HEATERS? Thermostat control for Heat? NO YES Central Air Conditioning TV/Radio Towers/ Satellite Dish Swimming Pool Farm Property All Terrain Vehicles (excluded) NO YES
F) Are there any 'OPTIONAL' heating devices? (e.g.: fireplace, woodstove, kerosene heater) None YES, describe:
(G) Is dwelling accessible to fire equipment at all times? NO YES; Distance to nearest occupied dwelling?
H) What is premises lot size or acreage? Neighborhood? 'X' all that apply: Hillside Valley Near Creek/River Residential Commercial ISOLATED

I (We) declare that the information provided in this application to Inland Mutual Insurance Company is true and agree that a policy of insurance, including any renewals, has been issued in reliance thereon. Any person who, with intent to defraud or knowing that he (she) is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT IN EFFECT UNTIL AUTHORIZED BY THE COMPANY OR ITS LICENSED REPRESENTATIVE and that any binder, policy or renewal certificate issued subsequent thereto is void from its effective date if any check tendered in payment of premium is not honored when presented. Upon acceptance as a member, I (we) understand that I (we) are entitled to vote either in person or by proxy at the annual meeting of the Company and any other similar meetings announced by the Company. I (We) hereby apply for policyholder membership with the Company and if accepted, the undersigned policyholder member(s) appoints the Proxy Committee of the Board of Directors of the Company as my (our) true and lawful attorney for me, in my name, place and stead, to vote for me (us) as my proxy at any meeting of the members of the Company held during the period of my membership under the policy herein applied for and any renewal or subsequent policy issued thereof, and at which meeting I am not attending in person. Pursuant to the requirements of the FAIR CREDIT REPORTING ACT, I (we) understand that, in connection with my (our) request for insurance an investigative consumer report, including information as to character, general reputation, personal characteristics, and mode of living may be made at any time. I (we) also understand that I (we) am (are) entitled, upon submission of written request, to be furnished a complete disclosure of the nature and scope of any such report.

PRODUCER - COMPANY RELATIONSHIP DISCLOSURE: Non Appointed Producer; I (we) have been advised by my (our) individual insurance producer listed below that he (she) is NOT appointed with Inland Mutual Insurance Company. This application for insurance coverage will be placed with an Inland Mutual appointed producer with Associated Insurance Service Inc. I (We) understand that my (our) individual insurance producer is not authorized to bind coverage or to execute or issue a policy on the behalf of Inland Mutual Insurance Company.

signature of applicant date signature of broker date

ADDITIONAL INFORMATION: