

Named Insured: _____ Desired Effective Date: _____ Add to Policy #: _____

Location of Premises:

Table with columns: COVERAGES AND LIMITS OF LIABILITY, COVERAGE LIMIT, show premiums in box where coverage desired (FIRE Prem., E.C. Prem., V. & M. M., Broad Form), Condition Charge OR Credits, Premium \$ SUBTOTAL, Explain Premium Condition Charges or Credits.

LIABILITY (OLT): _____/Bodily Injury _____/Property Damage OR _____ Personal Liability

Additional Coverages requested at time of ISSUE (Specific 'Other Structures', 'Medical Payments', etc.)

MORTGAGEE/LIENHOLDER INFORMATION:

Loan Balance: _____ Loan Number: _____ Additional Insured Information: _____

Please Check where BILLING is to be sent: [] Insured [] Mortgagee [] Other - explain: _____

What is your MONTHLY Loan payment for the Dwelling: _____ Are your payments current and up to date? [] YES [] NO (submit only)

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')

DWELLING INFORMATION:

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

Complete if MOBILE HOME: Length X Width _____ X _____; Mfg. Make: _____ Model: _____ Serial No.: _____

1) Responding Fire Dept.: _____ Volunteer [] Yes [] No Prot. Class: _____ Distance from F/D: _____ Distance from Hydrant: _____

2) Continuously enclosed masonry foundation? [] YES [] NO; if no, explain: _____

3) Ground Floor Area: _____ sq. ft.; # of rooms: _____; ELECTRIC SERVICE: _____ Fuse _____ Breaker; size of electrical service: _____ amps

4) Has electrical system (wiring) been inspected by a qualified electrician? _____ When? _____ How old is wiring? _____

5) Please "X" answer that applies: Fire Extinguisher, Smoke Detectors, Deadbolt Locks, Attached Garage, Residence Employees, Central Heat, Floor Furnace, Electric Baseboard Heat, GAS SPACE HEATERS?, Thermostat Control for Heat?, Central Air Conditioning, V/Radio Towers/Satellite Dish, Swimming Pool, Farm Property, All Terrain Vehicles (excluded)

6) Are there any 'OPTIONAL' heating devices? (e.g.: fireplace, woodstove, kerosene heater) [] None [] YES, describe: _____

(FOR ALL WOODSTOVES & FIREPLACES the questionnaire I/S WB-1 must be attached)

7) Is dwelling accessible to fire equipment at all times? [] NO [] YES; Distance to nearest occupied dwelling? _____

8) What is premises lot size or acreage? _____ Neighborhood? ("X") all that apply: [] Hillside [] Valley [] Near Creek/River [] Residential [] Commercial [] ISOLATED [] Farm Property [] Mobile Home Park

TENANT PROPERTY

A. Monthly rent? _____, Is tenant current on rent? [] YES [] No EXPLAIN: _____

B. Does tenant pay: [] water [] gas [] electric

C. How long has current tenant occupied premises? _____ How many days was property vacant in the last 3 years? _____

Any person who, with intent to defraud or knowing that he 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. THERE IS NO COVERAGE FOR VACANCY OR UNOCCUPANCY IN EXCESS OF SIXTY (60) DAYS UNLESS VACANT COVERAGE FORM IS SPECIFICALLY REQUESTED AND WRITTEN.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF Agent

DATE

PLEASE ATTACH COMPLETED SUPPLEMENT TO ORIGINAL APPLICATION