

VASPHO HOMEOWNER APPLICATION (03/10)
SPECIFIED PERIL COVERAGE

inland mutual INSURANCE COMPANY
 P.O. BOX 2085, Huntington, WV 25721

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 Household Annual income: _____ Under \$15,000 _____ \$15,000 - \$30,000 _____ Over \$30,000
 Phone: _____ Number of Children at home: _____

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

Occupancy

VASPHO-8 - COVERAGES AND LIMITS OF LIABILITY

owner **SEC I** A. Dwelling B. Other Structures C. Personal Property D. Loss of Use E. Personal Liability (each occurrence) F. Medical Payments (each pers/each acc.)
 other (explain) \$ _____ \$ _____ \$ _____ \$ _____ **SEC. II** \$ _____ \$ _____ /\$10,000

DEDUCTIBLE Section I: Any loss by perils insured against under Section I of this policy is subject to a mandatory deductible of **\$500** unless other deductible 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: _____ | | | | | AIS Premium <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Explain additional Premium Charges Credits: _____ Financing? _____ | | | | | |

DWELLING

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

AGENT:
 Address _____
 Agent #: _____

BINDER When signed below by a licensed agent of the Company, coverage is bound for a period of 30 days from the date and time of signing unless a later effective date is applied for, in which case coverage is bound effective at 12:01 a.m. local standard time on such later effective date. Coverage is bound subject to the terms, conditions and exclusions contained in the policy applied for and provides only those coverages, amounts, limits and deductibles indicated herein and for which a premium charge has been or will be made. Regardless of the amount of deposit premium, if any tendered with application, coverage under this binder terminates when replaced by a policy; upon ten days written notice mailed or delivered to the applicant; or at the end of 30 days from its effective date whichever occurs first.

I, _____ hereby bind coverage effective: _____ @ _____ a.m. _____ p.m.

PLEASE COMPLETE BOTH SIDES AND ATTACH CURRENT PHOTO

VASPHO 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, Central Heat, Floor Furnace, Electric Baseboard Heat, GAS SPACE HEATERS?, Thermostat control for Heat?, Central Air Conditioning, TV/Radio Towers/ Satellite Dish, Swimming Pool, Farm Property, All Terrain Vehicles (excluded)
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) Is premises lot size or acreage greater than 5 acres? NO YES Neighborhood? "X" all that apply: Hillside Valley Near Creek/River Residential Commercial ISOLATED Farm Property

NOTICE OF OUR INSURANCE PRACTICES

- 1. Personal information may be collected from persons other than an individual proposed for coverage;
2. The information, as well as other personal information or privileged information subsequently collected by the insurance institution or agent, in certain circumstances, may be disclosed to the third parties without authorization;
3. You have the right of access to and correction of all personal information collected, and
4. The notice prescribed by the insurance code will be furnished to the applicant of policyholder upon request.

Fair Credit Reporting Act - Pursuant to requirements of the Fair Credit Reporting Act, I (We) understand that, in connection with my (our) application for insurance, an investigative consumer report, including information as to character, general reputation, personal characteristics, and mode of living will be made. 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."

I (We) declare the information provided in this application is true and request the Company to issue a policy of insurance, including any renewals in reliance thereon. 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. 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. I (We) the applicant hereby apply for policyholder membership and if accepted as a member, I hereby appoint the Proxy Committee of the Board of Directors of the Insurance Company my true and lawful attorney for me, in my name, place and stead, to vote for me 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 thereof, and at which meeting I am not attending in person.

SIGNATURE OF APPLICANT DATE SIGNATURE OF AGENT DATE

COMMENTS / NOTES: