

INSURED SUPPLEMENTAL APPLICATION (11/98)

Additional Insured Other Named Insured Individual Mortgagee



Associated Insurance Service, Inc.

P.O. Box 2766, Huntington, WV 25727-2766

LAST FIRST M/I LAST FIRST M/I

Named Insured: _____, _____, _____ Spouse _____, _____, _____

ÖÜÖ: ' ' ' ' Soc. # _____ Employer _____ ÖÜÖ: ' ' ' ' Soc. # _____ Employer _____

Occupation: _____ No. yrs: _____ Occupation: _____ No. yrs: _____
Home Household Annual income: Under \$10,000 \$10,000 - \$20,000 Over \$20,000
Phone: _____ Number of Children at home: _____

Mailing Address: _____ CITY STATE ZIP CODE

This supplemental application shall be attached to the following POLICY(S): **Named insured:** **Policy #:**

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? _____ Through what agency? _____

If "CANCELLED" or no previous insurance, 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 during the last FIVE (5) years for Property, Theft, Auto, or Liability. If None, mark NONE _____. Also list ANY previous property loss greater than \$10,000. DATE OF LOSS TYPE OF LOSS CAUSE AMOUNT OF LOSS

5) Have you, your spouse (or additional insured) gone through bankruptcy proceedings or repossessions within the last 7 years? NO YES; explain _____

6) Your interest in the property to be insured (check all that apply): Titled owner; Land Contract seller; Mortgagee; Other, Describe: _____

7) When did you purchase property? _____ Price paid? _____ Was land included? NO YES; if yes, how much? _____ (lot size/acreage)

8) Is your interest in the property currently impaired by any mortgagees or liens on the property? NO YES; if yes, describe: _____

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, which is a crime. THERE IS NO COVERAGE FOR VACANCY OR UNOCCUPANCY IN EXCESS OF SIXTY (60) DAYS UNLESS VACANT COVERAGE FORM IS SPECIFICALLY REQUESTED AND WRITTEN.

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. 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.

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.

SIGNATURE OF additional insured or APPLICANT DATE SIGNATURE OF AGENT / Broker DATE

FOR BROKER COMPLETION:
Do you personally know applicant or family? Just Met YES
If yes, how long? _____
Have you written other lines of insurance for the applicant? YES NO

BROKER:
Address _____
Broker #: _____