

**VA DWELLING FIRE APPLICATION (08/09)**

**inland mutual** INSURANCE COMPANY

P.O. BOX 2085, Huntington, WV 25721

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 \$15,000 \_\_\_\_\_ \$15,000 - \$30,000 \_\_\_\_\_ Over \$30,000

Phone: \_\_\_\_\_ Children at home: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/County/State \_\_\_\_\_ Zip \_\_\_\_\_

**OCCUPANCY:**  Other (describe in comments)  OWNER  TENANT  VACANT

**LOSS DEDUCTIBLE - \$500.** each loss, unless other deductible noted: \$ \_\_\_\_\_

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

**TERM:**  3 month  6 month  Annual

**DWELLING LOCATION:** \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

COVERAGES AND LIMITS OF LIABILITY	COVERAGE LIMIT	show premiums in box where coverage desired				Condition Charge OR Credits	Premium \$ SUBTOTAL	Explain Premium Condition Charges or Credits
		FIRE Prem.	E.C. Prem.	V. & M. M.	Broad Form			
Dwelling:	_____	_____	_____	_____	_____	_____	_____	_____
Contents:	_____	_____	_____	_____	_____	_____	_____	_____
Additional Coverages:	_____	_____	_____	_____	_____	_____	_____	_____

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

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

PREMIUM \$ DUE	Fee	TOTAL \$ DUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
AMOUNT ENCLOSED: \$	_____	_____

**DWELLING INFORMATION:** Year Const. \_\_\_\_\_ Construction Type \_\_\_\_\_ Type of Roof \_\_\_\_\_ Roof Age \_\_\_\_\_ / in years \_\_\_\_\_ 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.: \_\_\_\_\_

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

**SUPPLEMENTAL APPLICATION IS REQUIRED FOR ADDITIONAL**

**INSURED MORTGAGEE / LIENHOLDER INFORMATION:** \_\_\_\_\_ Additional \_\_\_\_\_ Insured \_\_\_\_\_ Information \_\_\_\_\_

Loan Balance: \_\_\_\_\_

Loan Number: \_\_\_\_\_

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

<p><b>FOR AGENT COMPLETION:</b></p> <p>Do you personally know applicant or family? <input type="checkbox"/> Just Met <input type="checkbox"/> YES</p> <p>If yes, how long? _____</p> <p>Have you seen the Dwelling? <input type="checkbox"/> YES <input type="checkbox"/> NO, inside? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is pride of ownership evident? _____</p> <p>Have you written other lines of insurance for the applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>AGENT:</b></p> <p>Address _____</p> <p>Agent #: _____</p>
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**BINDER** When signed below by a licensed agent of the Company, coverage is bound 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**

DWELLING FIRE 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) 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) Please "X" answer that applies: Attached Garage, Central Heat, Central Air Conditioning, Deadbolt Locks, Floor Furnace, TV/Radio Towers/Satellite Dish, Fire Extinguisher, Electric Baseboard Heat, Swimming Pool, Smoke Detector, GAS SPACE HEATERS?, Farm Property, Carbon Monoxide Detector, Thermostat Control for Heat?, All Terrain Vehicles (excluded)
E) 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)
F) Is dwelling accessible to fire equipment at all times? NO YES; Distance to nearest occupied dwelling?
G) 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

- 1. Monthly rent? , Is tenant current on rent? YES NO
Does tenant pay: water gas electric
2. How long has current tenant occupied premises?
3. How many days was property vacant in the last 3 years?

VACANT PROPERTY (REQUIRES \$500 DEDUCTIBLE)

- 1. Date property became Vacant? Why is property Vacant?
EXPLAIN:
2. Is property for sale now? YES NO; by Realtor? YES NO
SALE PRICE? ; Utilities ON? YES NO

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: