

VA SUPPLEMENTAL APPLICATION (08/09)

inland mutual INSURANCE COMPANY

Additional Insured other Named Insured individual Mortgagee

P.O. BOX 2085, Huntington, WV 25721

LAST FIRST M/I LAST FIRST M/I

Applicant: _____, _____, _____ Spouse _____, _____, _____

ÖÜÓ: _____ Soc. # _____ Employer _____ ÖÜÓ: _____ Soc. # _____ Employer _____

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

Mailing Address: _____
 CITY STATE ZIP CODE

This supplemental application shall be attached to the following POLICY(S):

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 "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? _____
enter lot size or acreage
- 8) Is your interest in the property currently impaired by any mortgages or liens on the property? NO YES; if yes describe: _____

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

FOR AGENT 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

AGENT:

Address:

Agent / Broker #:

COVERAGE IS NOT BOUND BY THIS APPLICATION