

DWELLING FIRE APPLICATION (12/20)

inland mutual INSURANCE COMPANY (OHIO)



LAST FIRST M/I LAST FIRST M/I

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

Date of Birth: _____ SS # _____ - _____ - _____ Date of Birth: _____ SS # _____ - _____ - _____

Employer/ Occupation: _____ No. yrs: _____ Employer/Occupation: _____ No. yrs: _____

Home Household Annual income: _____ Under \$15,000 _____ \$15,000 - \$30,000 _____ Over \$30,000 Number of 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: _____

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

Table with columns: PREMIUM \$ DUE, Fee, TOTAL \$ DUE. Annual Term PAY Plan (circle): Single-pay 3-pay 6-pay 12-pay/autopay

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

MORTGAGEE / LIENHOLDER INFORMATION: _____ SUPPLEMENTAL APPLICATION IS REQUIRED FOR 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 BROKER 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 BROKER: Address _____ Agent #: _____

COVERAGE IS NOT BOUND BY THIS APPLICATION. TO HAVE COVERAGE BOUND, PLEASE CALL ASSOCIATED INSURANCE SERVICE, INC. (AIS). 1-800-642-3541 (OR) (304) 529-2771

I, _____ spoke with _____ of AIS, who bound coverage effective _____ at _____ 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

- 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

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. COVERAGE IS SUSPENDED IN THE EVENT THE INSURED STRUCTURE IS VACANT OR UNOCCUPIED FOR MORE THAN SIXTY (60) DAYS UNLESS VACANT or SEASONAL 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 APPLICANT

DATE

SIGNATURE OF BROKER

DATE

COMMENTS: