

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

Policy #

LAST	FIRST	M/I	LAST	FIRST	M/I
Named Insured: _____, _____, _____			Spouse _____, _____, _____		
Date of Birth: _____ Soc. Sec. # _____ - _____ - _____			Date of Birth: _____ Soc. Sec. # _____ - _____ - _____		
Employer / Occupation: _____ No. yrs: _____			Employer / Occupation: _____ No. yrs: _____		
Home Phone: _____		Household Annual income: <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,000 - \$20,000 <input type="checkbox"/> Over \$20,000	Number of Children at home: _____		
Mailing Address: _____					
			CITY	STATE	ZIP CODE

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) Any Business pursuits conducted on the premises? NO YES, explain: _____
 - 6) Have you, your spouse (or additional insured) gone through bankruptcy proceedings or repossessions within the last 7 years? NO YES; explain: _____
 - 7) Do you have DOGS on premises? NO YES, IF "YES", what BREED: _____ ever bitten anyone? _____

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 APPLICANT	DATE	SIGNATURE OF AGENT	DATE
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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 #: _____

COMMENTS / NOTES: