

SPHO-8 HOMEOWNER 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 Phone: _____ Household Annual income: _____ Under \$15,000 _____ \$15,000 - \$30,000 _____ Over \$30,000 Number of Children at home: _____
 Mailing Address: _____ Location of Premises if different than mailing address: _____
 Town/County/State _____ Zip _____

Occupancy	SPHO-8 - COVERAGES AND LIMITS OF LIABILITY							
owner	SEC I	A. Dwelling	B. Other Structures	C. Personal Property	D. Loss of Use	SEC II	E. Personal Liability (each occurrence)	F. Medical Payments (each pers/each acc.)
other (explain)		\$ _____	\$ _____	\$ _____	\$ _____		\$ _____	\$ _____ / _____

DEDUCTIBLE Section I: Any loss by perils insured against under Section I of this policy is subject to a mandatory deductible of **\$500** unless other deductible noted: _____

REQUESTED DATE: _____ (to be effective) _____ time: _____ a.m. _____ p.m.

TERM: 3 month 6 month Annual

Base Premium \$	Additional Premium \$	Credits \$	Fees \$	Total \$	Amount Paid:
Additional Coverages or Endorsements requested at time of issue: _____	Explain additional Premium Charges or Credits: _____	Annual Term Pay Plan: 3-pay _____ 6 pay _____ 12 pay / autopay _____			

DWELLING INFORMATION:

Year Const. _____ Construction Type _____ Type of Roof _____ / in years _____ Roof Age _____ No. of Families _____ Purchase Price _____ Date Bought? _____ Current Dwelling Market Value (EXCLUDE LAND) _____

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

If coverage needed for Specific OTHER STRUCTURES, describe and attach Photo _____ Value when insured _____ Purchase Price _____ Month _____ Year _____

MORTGAGEE / LIENHOLDER INFORMATION: _____

SUPPLEMENTAL APPLICATION IS REQUIRED FOR ADDITIONAL INSURED 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

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

SPHO-8 HOMEOWNER 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) How long has Applicant lived in current residence?
9) 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) If dwelling is in excess of 25 years, show year of modernization for: PLUMBING: HEATING: ELECTRIC: ROOF:
E) Please "X" answer that applies - Fire Extinguisher, Smoke Detectors, Attached Garage, Detached Garage, Residence Employees, Central Heat, Floor Furnace, Electric Baseboard Heat, GAS SPACE HEATERS?, Thermostat control for Heat?, Central Air Conditioning, TV/Radio Towers/ Satellite Dish, Swimming Pool, Farm Property, All Terrain Vehicles (excluded)
F) Are there any 'OPTIONAL' heating devices? (e.g.: fireplace, woodstove, kerosene heater) None YES, describe:
G) Is dwelling accessible to fire equipment at all times? NO YES; Distance to nearest occupied dwelling?
H) What is premises lot size or acreage? Neighborhood? "X" all that apply: Hillside Valley Near Creek/River Residential Commercial ISOLATED Farm Property

MINE SUBSIDENCE COVERAGE IS AVAILABLE - contact the company PLEASE READ YOUR POLICY WHEN RECEIVED

The SPHO-8 Policy form contains a maximum limit of \$2,000 for each occurrence for the peril of THEFT and SPECIAL LIMITS on specific types of personal property. LOSS DUE TO FLOOD or Rising Water is NOT COVERED. Section I coverage is suspended in the event that the insured structure is VACANT or UNOCCUPIED FOR MORE THAN SIXTY (60) DAYS. 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) 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 / NOTES: