

**H.R. Keller & Co., Inc.**  
 1520 Sheridan Drive  
 Buffalo, N.Y. 14217  
 (716) 874-1644 (800) 424-2202  
 fax (716) 874-4920

**NEW YORK  
 DWELLING FIRE AND SPECIALTY HOMEOWNERS  
 INSURANCE APPLICATION**

REFERENCE / POLICY NUMBER		<b>PRODUCER CANNOT BIND COVERAGE.</b> NO COVERAGE IS PROVIDED UNTIL THE APPOINTED AGENCY OR INSURER BINDS OR ISSUES COVERAGE.
PRODUCER CODE		
PRODUCER NAME		
PHONE NUMBER	FAX NUMBER	You must have a completed and signed application with front and rear view photos of the dwelling. Credit and loss reports will be ordered prior to policy issuance.

**BINDING**  
 EFFECTIVE DATE REQUESTED: \_\_\_/\_\_\_/\_\_\_ **NOTE: PRODUCER CANNOT BIND COVERAGE.**

<b>POLICY INFORMATION</b>	
<b>DWELLING FIRE</b> <input type="checkbox"/> BASICS One (Fire + EC w/ACV) <input type="checkbox"/> BASICS Three (Comprehensive w/ACV) <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal - Owner Occupied <input type="checkbox"/> Primary <input type="checkbox"/> Vacant (BASICS One Only)	<b>HOMEOWNERS</b> <input type="checkbox"/> Classic ACV (Comprehensive w/ACV) <input type="checkbox"/> Classic CL (Comprehensive w/RC) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal

**INSURED INFORMATION**

**IS THE DWELLING DEEDED IN A NAME OTHER THAN AN INDIVIDUAL(S)?**  YES  NO  
 If NO:

<b>FIRST NAMED INSURED</b>	LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY NUMBER — —	DATE OF BIRTH	HOME PHONE NUMBER ( )	WORK PHONE NUMBER ( )
IS THE FIRST NAMED INSURED ON THE DEED/TITLE? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, is this a Land Contract or Buy For agreement? (N/A if use is Rental or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO			
DOES THE FIRST NAMED INSURED RESIDE IN THE DWELLING? (N/A if use is Rental or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>SECOND NAMED INSURED</b>	LAST NAME	FIRST NAME	MIDDLE INITIAL
IS THE SECOND INSURED A FAMILY MEMBER RELATED TO THE NAMED INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, does the second insured have an insurable interest in the dwelling? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DOES THE SECOND INSURED RESIDE IN THE DWELLING? (N/A if use is Rental or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO			

**If YES: ENTITY THAT APPEARS ON THE TITLE OR DEED:** \_\_\_\_\_

<b>FIRST INDIVIDUAL WITH CONTROL</b>	LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY NUMBER — —	DATE OF BIRTH	HOME PHONE NUMBER ( )	WORK PHONE NUMBER ( )
DOES THE FIRST INDIVIDUAL WITH CONTROL RESIDE IN THE DWELLING? (N/A if use is Rental or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>SECOND INDIVIDUAL WITH CONTROL</b>	LAST NAME	FIRST NAME	MIDDLE INITIAL
DOES THE SECOND INDIVIDUAL WITH CONTROL RESIDE IN THE DWELLING? (N/A if use is Rental or Vacant) <input type="checkbox"/> YES <input type="checkbox"/> NO			

**PROPERTY LOCATION ADDRESS**

STREET AND HOUSE NUMBER	CITY	STATE	ZIP CODE	COUNTY
IN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY F/D	PROTECTION CLASS	WITHIN 1,000 FT. OF FIRE HYDRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WITHIN 5 MILES OF FIRE DEPT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF RENTAL OR VACANT, SITE-BUILT PROPERTIES INSURED BY FOREMOST? _____				
IS THERE A LANDLORD ASSOCIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide name of association _____				
IS PROPERTY MANAGED BY A MANAGEMENT COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide management company name _____				
TENANT SCREENINGS (Check all that apply): <input type="checkbox"/> Credit Check <input type="checkbox"/> Eviction Search <input type="checkbox"/> Skip Search <input type="checkbox"/> HO4 Tenant policy on file <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> None				

**MAILING ADDRESS**

SAME AS PROPERTY ADDRESS?  YES  NO If NO, please provide additional information below.

STREET AND HOUSE NUMBER	CITY	STATE	ZIP CODE
-------------------------	------	-------	----------

**ELIGIBILITY INFORMATION**

<b>CONSTRUCTION TYPE:</b> <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer** <input type="checkbox"/> Brick/Masonry** <input type="checkbox"/> Hardi-Plank <input type="checkbox"/> Fire Resistant <input type="checkbox"/> Other* _____ ** To qualify, exterior must be at least 90%	<b>DWELLING CLASSIFICATION:</b> <input type="checkbox"/> Traditional Site Built <input type="checkbox"/> Adobe <input type="checkbox"/> Modular <input type="checkbox"/> Manufactured (Mobile/ <input type="checkbox"/> Log Home <input type="checkbox"/> Metal Pole Barn*                      Multi-Sectional) - Vacant Only <input type="checkbox"/> Other (Describe)* _____ Unacceptable = Condo, Dome Homes, Manufactured (Mobile/Multi-Sectional) - Occupied
---	--

<b>FOUNDATION:</b> <input type="checkbox"/> Basement <input type="checkbox"/> Closed with Crawl Space (continuous foundation) <input type="checkbox"/> Open - Height More than 2 Feet* <input type="checkbox"/> Other* _____ <input type="checkbox"/> Slab <input type="checkbox"/> Open - Height 2 Feet or Lower* <input type="checkbox"/> Wood*
---

<b>NUMBER OF FAMILY UNITS?</b> Fire: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4    HO: <input type="checkbox"/> 1 <input type="checkbox"/> 2	<b>NUMBER OF RESIDENTIAL DWELLINGS ON SAME PREMISES?</b> _____ Note: If requesting liability coverage, properties with multiple dwellings on the same premises must be written through Foremost and must be written with the same liability limit.
---	---

<b>PRIMARY HEATING METHOD:</b> <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil Furnace* <input type="checkbox"/> Steam <input type="checkbox"/> Fireplace* <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Furnace - Gas or Electric <input type="checkbox"/> Below Ground Tank <input type="checkbox"/> Other* _____ <input type="checkbox"/> Coal Furnace                      If tank over 20 yrs. old, need last year inspected _____ <input type="checkbox"/> Heat Pump <input type="checkbox"/> Space Heater - Portable* <input type="checkbox"/> Woodburner* <input type="checkbox"/> Gas/Electric Space Heater:* Does heater meet the requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Requirements =</b> Must be UL approved, professionally installed and attached by gas lines or wall mounted and thermostatically controlled.
---

**AUXILIARY HEAT**    NO    YES (Select type from Primary Heating Methods listed above) \_\_\_\_\_

DWELLING PURCHASE DATE (MO/YEAR)	AMOUNT OF INSURANCE	CURRENT MARKET VALUE	REPLACEMENT AMOUNT	TOTAL SQUARE FEET
_____ / _____	\$ _____	(Less Land) \$ _____	(When replacement cost is purchased) \$ _____	_____

**ELIGIBILITY QUESTIONS**      ▼ If question at left is "NO" skip to the next question. If "YES" select options below. ▼

<b>Is there a swimming pool with a depth of more than 2.5 feet on premises?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Pool is Unfenced or Not Fully Enclosed* <input type="checkbox"/> Fence or Pool Height Less than 4 Feet* <input type="checkbox"/> Fence or Pool Height 4 Feet or Higher <input type="checkbox"/> Other* _____
---	--

<b>Is the dwelling currently vacant?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Are the following vacancy requirements met?</b> <input type="checkbox"/> NO (Unacceptable) <input type="checkbox"/> YES Requirements = Have intent to sell, rent or occupy, been vacant for less than 24 months and exterior completely secured. <input type="checkbox"/> Up for Sale <input type="checkbox"/> Under Renovation* <input type="checkbox"/> Currently Up for Rent <input type="checkbox"/> Deceased/In Estate <input type="checkbox"/> New Purchase/Inherited* <input type="checkbox"/> Other* _____ <input type="checkbox"/> Nursing Home/Assisted Living*
--	---

<b>Is the dwelling used as a rooming house or for student housing?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> 1 or 2 Roomers/Boarders <input type="checkbox"/> Other* _____ Unacceptable = 3 or more roomers, Student/Fraternity/Sorority
--	---

<b>Business, including Farm/Ranch on premises?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Is the business incidental use?</b> <input type="checkbox"/> NO (Unacceptable) <input type="checkbox"/> YES <b>Business:</b> <input type="checkbox"/> Office* <input type="checkbox"/> Art Studio* <input type="checkbox"/> Other* _____ <input type="checkbox"/> Day Care* <input type="checkbox"/> Musical or Dance Lessons* Unacceptable = Auto Repair & Beauty Salon <b>Farming:</b> <input type="checkbox"/> Farms 10 acres or less & no farm animals* <input type="checkbox"/> Farms 10 acres or less & owns 5 or less farm animals* <input type="checkbox"/> Owns 5 or less farm animals and no farming <input type="checkbox"/> Other* _____ Unacceptable = Farms more than 10 acres, owns more than 5 farm animals, rents land to others, earns more than \$5,000 or boards animals of others.
--	--

<b>Is there existing damage or needed repairs to Roof, Dwelling, Chimney, Foundation, Premises or Out Building?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES*	<b>Roof:</b> <input type="checkbox"/> None <input type="checkbox"/> Leaking Roof <input type="checkbox"/> Moss <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Age - Wear & Tear <input type="checkbox"/> Wavy/Buckling Roof <input type="checkbox"/> Missing Shingles <input type="checkbox"/> Curling Shingles <input type="checkbox"/> Other _____ <b>Dwelling:</b> <input type="checkbox"/> None <input type="checkbox"/> Rotting or Exposed Wood <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Damage to Fascia or Soffit Boards <input type="checkbox"/> Missing or Damaged Siding <input type="checkbox"/> Rotted Porch or Deck Boards <input type="checkbox"/> Peeling Paint Greater than 30% of Dwelling <input type="checkbox"/> Structural Damage <input type="checkbox"/> Peeling Paint 30% or Less of Dwelling <input type="checkbox"/> Missing/Damaged Railings <input type="checkbox"/> Missing/Broken/Boarded Windows <input type="checkbox"/> Other _____ <b>Chimney:</b> <input type="checkbox"/> None <input type="checkbox"/> Leaning Chimney <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Deteriorated Mortar <input type="checkbox"/> Missing and or Loose Bricks <input type="checkbox"/> Other _____ <b>Foundation:</b> <input type="checkbox"/> None <input type="checkbox"/> Mold and/or Mildew <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Other _____ <input type="checkbox"/> Cracking and/or Settling <b>Premises:</b> <input type="checkbox"/> None <input type="checkbox"/> Appliances on Property <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Sidewalks/Driveways/Steps in Poor Condition <input type="checkbox"/> Debris on Premises <input type="checkbox"/> Other _____ <input type="checkbox"/> Disabled Vehicles <b>Out Building:</b> <input type="checkbox"/> None <input type="checkbox"/> Missing/Broken/Boarded Windows <input type="checkbox"/> More than One Apply-Check All that Apply <input type="checkbox"/> Graffiti <input type="checkbox"/> Roof Damage <input type="checkbox"/> Structurally Unsound <input type="checkbox"/> Missing/Damaged Siding <input type="checkbox"/> Other _____
--	---

\* Underwriting approval may be required.

ELIGIBILITY QUESTIONS		▼ If question at left is "NO" skip to the next question. If "YES" select options below. ▼	
<b>Is the Dwelling under construction or renovation?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Work completed by a licensed contractor?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>Anticipated Completion Date</b> ____/____/____ <input type="checkbox"/> More Than One Apply - Check All That Apply <input type="checkbox"/> New Dwelling - Fully-Enclosed* <input type="checkbox"/> Interior Cosmetic <input type="checkbox"/> Room Addition* <input type="checkbox"/> Siding Replacement <input type="checkbox"/> Room Remodel <input type="checkbox"/> Window Replacement <input type="checkbox"/> Roof Replacement <input type="checkbox"/> Updates to Heat/Electric/Plumbing* <input type="checkbox"/> Unacceptable - New Dwelling Semi-Enclosed <input type="checkbox"/> Other* _____		
<b>Is there EITHER an animal that has caused harm or an unacceptable dog?</b> Unacceptable - Akita, Chow, American Staffordshire Terrier, Presa Canario, Pit Bull, Rottweiler, Doberman Pinscher, Wolf Hybrid or any dog that is a mix that includes one or more of the breeds listed above. <input type="checkbox"/> NO <input type="checkbox"/> YES			
<b>Are there any unusual or exotic animals on premises that would increase liability concerns?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Small Lizards/Iguanas <input type="checkbox"/> Ferrets <input type="checkbox"/> Boa Constrictors/Pythons* <input type="checkbox"/> Other* _____		
<b>Is the property currently uninsured?</b> (Excludes new purchase) <input type="checkbox"/> NO <input type="checkbox"/> YES	<b>Last date of insurance</b> ____/____/____ <input type="checkbox"/> Policy Lapsed* <input type="checkbox"/> Never-Insured*		
<b>Have you been cancelled, declined or non-renewed, including for non-payment, within the past 5 years?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Non-Payment of Premium <input type="checkbox"/> Credit History <input type="checkbox"/> Change In Occupancy <input type="checkbox"/> Dwelling/Other Structures - Condition* <input type="checkbox"/> Loss History <input type="checkbox"/> Vacant <input type="checkbox"/> Unacceptable Animal* <input type="checkbox"/> Dwelling - Age or Value <input type="checkbox"/> No Supporting Business <input type="checkbox"/> Other Liability Hazards* <input type="checkbox"/> Prior Carrier Withdrew State/Agency <input type="checkbox"/> Lack of Heat/Electric/Plumbing Updates* <input type="checkbox"/> Other* _____		
<b>Have you had a Foremost policy cancelled, declined or non-renewed?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES			
<b>Have you had three or more Foremost policies cancel for non-pay within the last five years, regardless of policy type?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, unacceptable.		
<b>Is there a trampoline on premises?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES*			
<b>Is the electrical service less than 100 AMP?</b> (Applies to each unit in a multi-family dwelling) <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, unacceptable.		

DWELLING INFORMATION	
<b>YEAR BUILT:</b> _____	<b>YEAR UPDATED</b> (Complete replacement only. If not complete replacement, use year built.): Plumbing _____ Electrical _____ Heating _____ Roof _____
<b>ROOF TYPE:</b> <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Wood shake <input type="checkbox"/> Tile <input type="checkbox"/> Other* _____	
<b>SECURITY DEVICES:</b> <input type="checkbox"/> None <input type="checkbox"/> Bars on Windows & Doors <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Other* _____ <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Central Fire Alarm <input type="checkbox"/> Dead Bolt <input type="checkbox"/> Burglar Alarm (Includes both Local & Central)	
<b>Is the dwelling a row house or townhouse?</b> (Refer to Program Guide for Row house/Townhouse definition) <input type="checkbox"/> NO <input type="checkbox"/> YES	

LOSS HISTORY									
Have there been any losses at this or any other location owned or previously owned by the applicant within the last 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If YES, please provide information</i>									
DATE	CAUSE (Example: Fire, Wind, Hail)	CAT RELATED	OCCUPANCY AT TIME OF LOSS? (owner-occupied)	DESCRIPTION	WAS LOSS LOCATION SAME AS DWELLING LOCATION? (non owner-occupied)	AMOUNT PAID	STATUS	REPAIRED	
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES	
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES	
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES	
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES	
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES	

STATE SPECIFIC QUESTIONS	
<b>For rental dwelling located in Buffalo, Rochester or NYC</b> — Does the agent have a completed Anti-Arson application? <i>If NO, a completed Anti-Arson application, Form 738644, must be attached before coverage can be bound.</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES
Hurricane/storm shutters or hurricane-resistant laminated glass windows and doors on all exterior wall openings?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is the home lead-abated? (Applicable to pre-1980, non owner occupied homes.) <i>If NO, liability will exclude lead related liability.</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES

\* Underwriting approval may be required.

COVERAGE AND LIMITS			
<b>DO YOU WANT THE LANDLORD PACKAGE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Policy includes Personal Property, Loss of Rents, Premises Liability and Medical Payments.			
<i>*For Classic ACV &amp; Classic CL only: Complete ONLY if amount requested is greater than package limits.</i>			
COVERAGES	AMT. OF INS.	DEDUCTIBLE	PREMIUM
<b>DWELLING</b> VMM (BASICS One) <input type="checkbox"/> YES <input type="checkbox"/> NO (Minimum \$500 deductible on vacants)	\$	\$	\$
<b>OTHER STRUCTURES*</b> (Include description & limits for each structure in "REMARKS". Photo required on each structure)	\$	\$	\$
<b>PERSONAL PROPERTY*</b>	\$	\$	\$
<b>ADDITIONAL LIVING EXPENSES*</b> Maximum 25% per month for settlement (BASICS One & BASICS Three)	\$	\$	\$
<b>LOSS OF RENTS</b> Maximum 1/12 per month for settlement (BASICS One & BASICS Three)	\$	\$	\$
<b>LIABILITY*</b> <input type="checkbox"/> CPL <input type="checkbox"/> LANDLORD	\$	N/A	\$
<b>MEDICAL PAYMENTS*</b>	\$	N/A	\$
<b>OTHER COVERAGES / ENDORSEMENTS (Specify)</b>			
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	<b>Total From Above</b>		\$
	<b>Discounts/Surcharges</b>		\$
	<b>Estimated Premium</b>		\$

ADDITIONAL INTEREST	
MORTGAGEE CODE (If Assigned)	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Land Contract (Add'l Insd. Nonresident end't) <input type="checkbox"/> Co-Titleholder (Add'l Insd. Nonresident end't) <input type="checkbox"/> Add'l. Named Insd. (Add'l Named Insured end't) <input type="checkbox"/> Loss Payee (Loss Payee end't) <input type="checkbox"/> Life Estate (Add'l Insd. Nonresident end't) <input type="checkbox"/> Titleholder (Add'l Insd. Nonresident end't)
NAME	
ADDRESS	
CITY STATE ZIP CODE	
LOAN NUMBER COUNTRY (If not USA)	

ADDITIONAL INTEREST	
MORTGAGEE CODE (If Assigned)	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Land Contract (Add'l Insd. Nonresident end't) <input type="checkbox"/> Co-Titleholder (Add'l Insd. Nonresident end't) <input type="checkbox"/> Add'l. Named Insd. (Add'l Named Insured end't) <input type="checkbox"/> Loss Payee (Loss Payee end't) <input type="checkbox"/> Life Estate (Add'l Insd. Nonresident end't) <input type="checkbox"/> Titleholder (Add'l Insd. Nonresident end't)
NAME	
ADDRESS	
CITY STATE ZIP CODE	
LOAN NUMBER COUNTRY (If not USA)	

**NOTE:** Minimum premium - Prices are subject to minimum written premiums and non-refundable minimum earned premium.

PAYMENT PLANS/BILLING	
Agents must collect down payment, except when escrow billed. <input type="checkbox"/> ANNUAL PAY <input type="checkbox"/> TWO-PAY <input type="checkbox"/> FOUR-PAY <input type="checkbox"/> TEN-PAY <input type="checkbox"/> TWELVE-PAY (EFT) <input type="checkbox"/> ESCROW BILL    DOWN PAYMENT COLLECTED: \$ _____ A service charge will apply if payment plan is other than annual.	

ALTERNATE MAILING ADDRESS			
<input type="checkbox"/> SAME AS HOME LOCATION    EFFECTIVE DATES: FROM: _____ TO: _____			
DATES SHOWN ARE VALID: <input type="checkbox"/> ONE-TIME CHANGE, ONLY <input type="checkbox"/> YEARLY			
ADDRESS	CITY	STATE	ZIP CODE
COUNTRY (If not USA)			

REMARKS

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.	
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.	
In connection with this insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that report. An insurance score uses information from your credit report to help predict how often you are likely to file claims and how expensive those claims will be. Typical items from a credit report that could affect a score include, but are not limited to, the following: payment history, number of revolving accounts, number of new accounts, the presence of collection accounts, bankruptcies and foreclosures. The information used to develop the insurance score comes from Choicepoint.	
1. I agree that the insurer may investigate and secure consumer reports including records of loss history and the credit report information as described above and in the Disclosure Statement: Use of Credit Information, for persons listed in the application. The Disclosure Statement: Use of Credit Information was previously provided to me. I further agree that the insurer may investigate and secure new consumer reports in evaluating this policy for each future renewal or replacement policy. 2. I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium. 3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose. 4. I understand my producer is submitting this application to an appointed agency of an insurer, and that my producer does not have binding authority with that insurer. I understand I will not have coverage until I am informed by the appointed agency or insurer that coverage is bound or issued.	
APPLICANT SIGNATURE _____	DATE _____