

GENERAL RULES

- BINDING AUTHORITY:** All risks must be submitted to the General Agent for binding.
- POLICY TERM:** 3 month, 6 month, 9 month or 12 month policies are available.
- MINIMUM PREMIUMS:** A minimum written of \$150 and a minimum earned of 3 month premium will apply.
- POLICY FORM:** ISO DP-1 (DP 00 01 12 02)
- COVERAGE A LIMITS:** \$25,000 minimum – \$300,000 maximum. For limits over \$300,000 submit to General Agent for prior approval.
- OCCUPANCY:** Available for vacant, primary, seasonal and rental occupancies.
- APPLICATION:** The application must be completed in full and signed.
- VALUATION:** Dwellings must be insured for 100% of their actual cash value. The value should include the renovation amount.
- WHOLE DOLLAR PREMIUM RULE:** Each coverage premium will be rounded to the nearest whole dollar. For this purpose, an amount of fifty (50) cents or more will be rounded to the next whole dollar.
- POLICY TRANSFER OR ASSIGNMENTS:** Policy transfer or assignments are not available. New applications are required.
- UNDERWRITING REPORTS:** Credit and C.L.U.E. Property reports will be run on all risks. The results of these reports may impact the acceptability of the risk.
- POLICY FEE:** A \$50 policy fee will be assessed on all new and renewal business. This policy fee is fully earned.
- PAYMENT TERMS:** Agency Bill.
- PHOTOS:** All dwellings must have 2 photos clearly showing the front and back of the dwelling attached with the application. Photos are also required of any unattached structures.
- PREMIUM CALCULATION:** The Discounts percentages (Example: 15%) will be totaled and the surcharges percentages will be totaled. After both criteria are totaled, the difference between the totals (Example: +15%, -20% = -5%) will be applied to the appropriate premiums. The Discounts and Charges will apply to the BASE PREMIUM (Coverages A, B & C).

DWELLING UNDER RENOVATION PROGRAM RATES

The rates shown for this program are on a MONTHLY BASIS.

Fire and E.C. & VMM Premium - \$500 Deductible, A Minimum 3 Month Earned Premium will apply.

DWELLING, the rate is per \$100 of coverage:	VACANT RATE		OCCUPIED RATE	
	PC 1-8 \$0.12	PC 9-10 \$0.18	PC 1-8 \$0.20	PC 9-10 \$0.30
OTHER STRUCTURE COVERAGE, the rate is per \$100 of coverage:	VACANT RATE		OCCUPIED RATE	
	PC 1-8 \$0.12	PC 9-10 \$0.18	PC 1-8 \$0.20	PC 9-10 \$0.30
PERSONAL PROPERTY COVERAGE, the rate is per \$100 of coverage:	VACANT RATE		OCCUPIED RATE	
	NOT AVAILABLE		PC 1-8 \$0.20	PC 9-10 \$0.30

DEDUCTIBLE OPTIONS:

	\$1,000	\$2,500
	- 5%	- 10%

PREMISES LIABILITY, per additional insured premises: (\$500 Medical Payments to Others Included)

Liability:	\$25,000	\$50,000	\$100,000	\$300,000
Premium:	\$13	\$16	\$20	\$30

INCREASED MEDICAL PAYMENTS TO OTHERS, per additional insured premises:

Med Pay	\$1,000	\$2,500
Premium:	\$3	\$5

UNACCEPTABLE RISKS – DO NOT BIND, DO NOT SUBMIT

Any "Yes" response makes the risk unacceptable and it cannot be written!

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Was the dwelling built prior to 1900? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Does the dwelling have any liquid fuel-powered space heaters or existence of any heat reclaiming device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is this new construction from the ground up? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Is the primary source of heat a wood/coal/pellet burning device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will any work be done to the structural load bearing members of the existing dwelling? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Does the dwelling have knob and tube wiring or electrical with less than 100 AMP service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does any demolition work need to be done prior to construction? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Is the dwelling next to any burned out or abandoned building? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the insured/contractor have less than 1 year of experience in conducting renovation projects? | <input type="checkbox"/> | <input type="checkbox"/> | 19. Is the dwelling a mobile home, row home, dome home, log home, straw built home or condominium? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the dwelling NOT completely secured? | <input type="checkbox"/> | <input type="checkbox"/> | 20. Does the dwelling have more than 2 lien holders? Twolien holders are acceptable if one is a financial institution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the risk a non-residential dwelling? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Does the applicant own, keep, or shelter any of the following breeds: Akitas, Anatolian Shepherds, Chows, Dobermans, Pit Bulls, Presa Canario, Rottweilers, Wolf or Wolf Hybrids, any mix of these breeds with any other breed whether listed or not, any animal with a previous bite history or any non-domestic animals? (Unless risk is written with no liability) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the dwelling been vacant for more than 12 months where a regular check of the dwelling and premises has not been conducted? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Does the dwelling have brush clearance of less than 350 feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the dwelling have pipes that have not been drained, where heat is not being thermostatically maintained inside? | <input type="checkbox"/> | <input type="checkbox"/> | 23. Has the dwelling been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have any of the applicants been convicted of arson or insurance fraud? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 11. Is the dwelling in foreclosure? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 12. Does dwelling have more than 4 individual family units? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 13. Has the applicant had a prior fire/smoke or liability loss in the past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 14. Has the applicant had losses that exceed \$5,000 (excluding weather) in the past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

SUBMIT RISKS TO GENERAL AGENT – DO NOT BIND

Any "Yes" response must be explained below and submitted unbound!

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Has the applicant had 2 or more property losses (paid or unpaid) in the past 36 months or any single theft or water loss in the past 36 months? If yes, give date of loss, describe the loss and the amount paid to repair the damage. | <input type="checkbox"/> | <input type="checkbox"/> | 7. Does the dwelling have more than 2 unrelated owners? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the construction started on the dwelling yet? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the dwelling have an open foundation or is it built on stilts, posts or piers? Photos must be included. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant had a homeowners/dwelling policy cancelled or non-renewed for underwriting reasons (except age of home) during the past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the dwelling equipped with a supplemental heating device that was not installed by a licensed contractor? Photos and the Woodstove Inspection Report must be included. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the applicant filed for bankruptcy in the past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Is the dwelling located within 1,500 feet of water (river or creek) or is it located on an island or in a Special Flood Hazard Area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the applicant been 30 days past due on mortgage payments in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Does the premises have 5 or more acres? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the applicant unemployed? (Retirees with guaranteed income and disabled persons with a consistent income are considered employed.) | <input type="checkbox"/> | <input type="checkbox"/> | 12. Are business or farming activities conducted on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 13. Does the dwelling have any unrepaired damage or existing nonstructural damage? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 14. Is the dwelling attached to or a converted commercial risk? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "Yes" answers! _____

DWELLING UNDER RENOVATION APPLICATION (LOB 44)

PHOTOS OF FRONT AND BACK OF DWELLING MUST BE ATTACHED.

NAMED INSURED			PRODUCER		
Name _____			Agency Name: _____		Agent #: _____
Address _____					
City _____		State _____	Zip _____		
County _____			Phone No. _____		
Occupation _____			Employer _____		
Social Security # _____		DOB _____			
Spouse's Name _____					
Spouse's Social Security # _____		DOB _____			
Spouse's Occupation _____		Spouse's Employer _____			
REQUEST POLICY TERM					
From _____		To _____		Policy Term: ____ Months	
Time _____		AM <input type="checkbox"/> PM <input type="checkbox"/>			
<p>BINDING COVERAGE: For coverage to begin as requested, the application must be mailed within 72 hours of the effective date of coverage. Otherwise, coverage is bound at 12:01 a.m. the day of the postmark.</p>					

LOCATION		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> ADDITIONAL INSURED	
Address, if different than above (include city, state, zip and county) _____ _____		Name _____		Loan # _____	
		Address _____			
		City _____		State _____ Zip _____	
Is home located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> *No		Name _____		Loan # _____	
* Please list driving directions! _____		Address _____			
		City _____		State _____ Zip _____	

GENERAL INFORMATION											
Territory	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	Year Built	# Stories	# of Families	Volunteer Fire Dept.	Square Footage	Year Purchased	Purchase Price	Actual Cash Value
							<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	Include Renovation Amount (Excluding Land)
Describe Unattached Structures: _____							Year Built	Square Footage	Actual Cash Value - Include Renovation Amount (Excluding Land)		
Describe Renovation to be done: _____										Length of Project	

MUST COMPLETE THE FOLLOWING
OCCUPANCY: <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal <input type="checkbox"/> Rental <input type="checkbox"/> Vacant
PRIOR INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase
Prior Company: _____
Expiration of Prior Policy: _____
ANIMALS ON PREMISES: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Animal: _____ Breed of Dog: _____
AGENCY BILLED

POLICY INFORMATION		
COVERAGES	LIMITS	PREMIUM
Dwelling	\$	\$
Total Amount of Other Structures		
Total Amount of Personal Property		
BASE PREMIUM:		
Premises Liability		
Medical Payments to Others		
Deductible Discount		
Surplus Lines Tax		
Policy Fee:		\$ 50.00
Minimum Written Premium \$150. Minimum Earned 3 months of Premium.	TOTAL PREMIUM:	

ADDITIONAL VACANT RISK INFORMATION NEEDED
Date Vacated? _____ Reason Vacated? _____
How long has the dwelling been vacant? _____

DECLINATIONS
Please list three companies that have declined or will not write this risk.

FRAUD WARNING: 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.

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

X _____ X _____
(Signature of Applicant) Date (Signature of Producer) Date