

**GENERAL RULES**

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| <p>1. <b>BINDING AUTHORITY:</b> 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. No coverage may be increased within 72 hours of the announcement of an impending disaster, i.e. hurricane, tropical storm, volcanic eruption, earthquake, flood, mudslide, brushfire, etc.<br/> <b>Earthquake:</b> If an earthquake occurs generating a reading of 5.0 or greater on the Richter Scale, new business policies and increased coverage request on in-force business policies will be restricted on the day of the earthquake and for a 3 day period following the earthquake. Any aftershock readings of 5.0 or greater will be considered a new earthquake. The restrictions will apply for risks located within 150 miles of the epicenter.<br/> <b>Wildfire:</b> No new policies, binders or increases in coverage will be accepted when a wildfire is within 25 miles of the dwelling.<br/> <b>OCCUPANCY:</b> Vacant and rental occupancies.<br/> <b>POLICY TERM:</b> All policies will be written for a 12 month term.<br/> <b>MINIMUM PREMIUMS:</b> A minimum written premium of \$250 will apply and a minimum earned premium of \$25.<br/> <b>POLICY FORM:</b> ISO DP-1 (DP 00 01 12 02)</p> | <p>6. <b>LIMITS:</b> Property limits are available from \$15,000 to \$250,000. Limits over \$250,000 must be submitted to the General Agent for approval.<br/> <b>APPLICATION:</b> The application must be completed in full and signed by the applicant.<br/> <b>VALUATION:</b> Dwellings must be insured for 100% of their actual cash value.<br/> <b>WHOLE DOLLAR PREMIUM RULE:</b> 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.<br/> <b>POLICY TRANSFER OR ASSIGNMENTS:</b> Transfer or assignments are not available. New applications are required.<br/> <b>UNDERWRITING REPORTS:</b> A C.L.U.E. Property report will be run on all risks. The result of this report may impact the acceptability of the risk.<br/> <b>PREMIUM CALCULATIONS:</b> The Discount percentages (Example: 3%) will be totaled. The total will be applied to the BASE PREMIUM (Coverages A &amp; B). This is the subtotal. Add optional coverage premiums to this subtotal for your final premium.<br/> <b>PHOTOS:</b> All dwellings must have 2 photos clearly showing the front and back of the dwelling attached to the application.</p> |
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**TERRITORIAL DEFINITIONS**

Territory A: Remainder of State (All counties except those listed in Territories B & C)	Territory B: Counties of Genessee (excluding the City of Flint), Macomb, Oakland and Saginaw	Territory C: Wayne County and the City of Flint
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**DWELLING UNDER RENOVATION PROGRAM RATES**

*The rates shown for this program are on a ANNUAL TERM BASIS*

*Fire and E.C. & VMM Premium - \$500 Deductible*

*A \$25 Minimum Earned Premium will apply.*

DWELLING, the rate is per \$100 of coverage:	<b>Territory A</b> PC 1-10 \$1.55	<b>Territory B</b> PC 1-10 \$1.67	<b>Territory C</b> PC 1-10 \$3.10
OTHER STRUCTURE COVERAGE, the rate is per \$100 of coverage:	<b>Territory A</b> PC 1-10 \$1.55	<b>Territory B</b> PC 1-10 \$1.67	<b>Territory C</b> PC 1-10 \$3.10
PERSONAL PROPERTY COVERAGE, the rate is per \$100 of coverage:	<b>Territory A</b> PC 1-10 \$1.55	<b>Territory B</b> PC 1-10 \$1.67	<b>Territory C</b> PC 1-10 \$3.10

DEDUCTIBLE OPTIONS:	\$1,000	.....	-3%
	\$2,500	.....	-5%
PREMISES LIABILITY, per additional insured premises (\$250 Medical Payments to Others Included):			
Liability:	\$50,000	\$100,000	\$300,000
Premium:	\$140	\$230	\$250
INCREASED MEDICAL PAYMENTS TO OTHERS, per additional insured premises:			
Med Pay	\$500	\$1,000	\$2,500
Premium:	\$5	\$10	\$20

**UNACCEPTABLE RISKS – DO NOT BIND, DO NOT SUBMIT**

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

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| <p>1. Have any of the applicants been convicted of arson or insurance fraud? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the dwelling in foreclosure? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Does dwelling have more than 4 individual family units? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Is the dwelling equipped with any liquid fuel-powered space heaters or existence of any heat reclaiming device? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are there Other Structures/Garages on the premises that have a wood/coal/pellet burning devices? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Does the dwelling have knob &amp; tube wiring or electrical with less than 100 AMP service?.. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Is the dwelling or other structures used to store flammables or explosive materials?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Is the dwelling next to any burned out or abandoned building? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Does the dwelling have brush clearance of less than 100 feet?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Has the applicant had a prior fire/smoke or liability loss in the past 36 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Has the applicant had losses that exceed \$5,000 (excluding weather) in the past 36 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>12. Is the dwelling a mobile home, row home, dome home, log home, straw built home or condominium? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Does the dwelling have more than 2 lien holders? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Does the dwelling have childcare, homecare, lodging, auto repair, chemical processing or any business pursuits being conducted on the premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Is this new construction from the ground up? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Will any work be done to the structural load bearing members of the existing dwelling? .... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Does any demolition work need to be done prior to construction?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Does the insured/contractor have less than 1 year of experience in conducting renovation projects?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is the dwelling NOT completely secured?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Is the risk a non-residential dwelling? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. 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"/> Yes <input type="checkbox"/> No</p> |
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**SUBMIT RISKS TO GENERAL AGENT – DO NOT BIND**

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

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| <p>1. Has the applicant had 2 or more property losses (paid or unpaid) in the past 36 months or any single fire, theft, liability 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"/> Yes <input type="checkbox"/> No</p> <p>2. 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"/> Yes <input type="checkbox"/> No</p> <p>3. Has the applicant filed for bankruptcy in the past 36 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Has the applicant been 30 days past due on mortgage payments in the last 12 months? . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Is the applicant unemployed? (Retirees with guaranteed income and disabled persons with a consistent income are considered employed.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Is the dwelling without permanently installed water, electricity, and sewage utility services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Is the dwelling's primary source of heat is a wood/coal/pellet burning device? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Is the heat turned off or not maintained in the dwelling? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Does the premises have a swimming pool or spa that does not have a four-foot fence with a self-latching gate, motorized pool cover, or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible. (Risk can be written with Liability if the Swimming Pool/Spa Liability Exclusion is attached.)... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>10. Does the applicant own, keep, or shelter any of the following breeds: Akitas, Anatolian Shepherds, Chows, Dobermans, Pit Bulls, 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? (Risk may be written with no liability coverage) ... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Is the dwelling attached to or a converted commercial risk? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does the dwelling have an open foundation or is it built on stilts, posts or piers? <i>Photos must be included.</i> ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. 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"/> Yes <input type="checkbox"/> No</p> <p>14. Does the dwelling have multiple horses, livestock or farm animals on the premises? .... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Does the dwelling have a dock, pier or boathouse on the premises? <i>Photos must be included.</i> ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Does the premises have 5 or more acres? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are business or farming activities conducted on the premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Is the dwelling equipped with a supplemental heating device that was not installed by a licensed contractor? <i>Photos and the Woodstove Inspection Report must be included.</i>..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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Explain "Yes" answers \_\_\_\_\_

**DWELLING UNDER RENOVATION APPLICATION (LOB 44)**

8900 Keystone Crossing Ste. #800 / P.O. Box 80803 / Indianapolis, IN 46280  
Ph (317) 554-8550 (800) 878-9891 Fax (317) 554-8551

APPLICANT			PRODUCER		
Name			Agency Name:		Agent #:
Address			Agency Phone:		Agent Fax:
City	State	Zip	REQUEST POLICY TERM		
County			From	To	Policy Term: 12 Months
Occupation		Employer (If self-employed, list self)	Time AM <input type="checkbox"/> PM <input type="checkbox"/>		
Social Security #		DOB	<b>BINDING COVERAGE:</b> 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.		
Co-applicant's Name					
Co-applicant's Social Security #		DOB			
Co-applicant's Occupation		Co-applicant's Employer (If self-employed, list self)			
LOCATION			Address, if different than above (include city, state, zip and county)		
Add'l Insured					
Address					
City	State	Zip			

**BILLING / ACCOUNTING INFORMATION**

BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder Check # _____ Check Amt \$ _____	*PAYMENT PLANS: If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected. <input type="checkbox"/> 1-Pay, 100% payment, plus any applicable taxes and fees <input type="checkbox"/> 4-Pay, 25% down, plus any applicable taxes and fees    * Each installment includes a \$6 fully earned service charge <input type="checkbox"/> 2-Pay, 50% down, plus any applicable taxes and fees
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**MORTGAGEE**

Name	Loan #	Name	Loan #
Address		Address	
City	State	City	State
	Zip		Zip

**GENERAL INFORMATION**

Territory	Year Built	Square Footage	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	# of Families	# of Stories	Year Purchased	Purchase Price	Actual Cash Value (Excluding Land)	Replacement Cost (Excluding Land)
Construction <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer		Protective Devices <input type="checkbox"/> None <input type="checkbox"/> Central Station Fire Alarm		Type of Siding: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> EIFS <input type="checkbox"/> Stucco   Other: _____							
Type of Wiring:			Date Of Last Update:			<input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update   If Partial, to what extent: _____					
Type of Heating:			Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____								
Type of Roofing:			Date Of Last Update: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update   If Partial, to what extent: _____								
Describe Unattached Structures:											
Describe Planned Renovations:										Length of Project:	

MUST COMPLETE THE FOLLOWING	
USAGE: <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 Date: _____	
ANIMALS ON PREMISES: <input type="checkbox"/> Yes <input type="checkbox"/> No   Animal Type: _____ Breed of Dog: _____	
DISCOUNT / SURCHARGE SECTION	
Deductibles:	\$1,000 Deductible    - 3% <input type="checkbox"/> \$500 Base Deductible    \$2,500 Deductible    - 5% <input type="checkbox"/>
TOTAL: _____	

POLICY INFORMATION		
COVERAGES	LIMITS	PREMIUM
Dwelling	\$	\$
Other Structures	\$	\$
Personal Property	\$	\$
<b>BASE PREMIUM:</b>		<b>\$</b>
DISCOUNT/SURCHARGE PERCENTAGE: (See small shaded section to the left.) _____ %		
DISCOUNT/SURCHARGE AMOUNT: (BASE PREMIUM multiplied by DISCOUNT/SURCHARGE %)		
<b>SUBTOTAL: (BASE PREMIUM plus DISCOUNT/SURCHARGE AMOUNT)</b>		<b>\$</b>
<input type="checkbox"/> Personal Liability (Primary Only) <input type="checkbox"/> Premises Liability (All Other)		\$
Medical Payments to Others		\$
Minimum Written Premium is \$250. Minimum Earned Premium is \$25.		<b>TOTAL PREMIUM: \$</b>

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 \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Applicant) (Signature of Producer)