

## **HOMEOWNERS PROGRAM APPLICATION**

### **Instruction to the Producer**

**MAKE SURE THE APPLICATION IS COMPLETE - ALL QUESTIONS MUST BE ANSWERED**

**INCOMPLETE APPLICATIONS WILL NOT BE BOUND OR ISSUED!!!!**

**Have you -**

Obtained the insured's signature on the application, the three limitation endorsements, Animal Exclusion and Firearm Exclusion?

Attached photographs of the front and rear of the dwelling?

Completed the wood stove questionnaire and attached photos of the stove? (If applicable)

Attached your agency check for the net premium (premium shown on the rate page less 10%)

**IF THE RISK IS ACCEPTABLE, YOU WILL RECEIVE A BINDER BY RETURN MAIL.**

**BINDERS OR EVIDENCES OF INSURANCE CAN ONLY BE ISSUED BY DSU!!!**

**IF THE RISK DOES NOT QUALIFY, WE WILL NOTIFY YOU PROMPTLY.**

**NO COVERAGE WILL BE BOUND UNTIL IT IS ACCEPTED BY D.S.U.**

## HOMEOWNERS APPLICATION

(for Values up to \$300,000)  
(for Values over \$300,000 - use High Value Application)  
IF SECONDARY / SEASONAL OR TENANT OCCUPIED - USE DWELLING FIRE APPLICATION

QUOTE: \_\_\_\_\_ BIND: \_\_\_\_\_ MORTGAGEE PAID: \_\_\_\_\_ PREMIUM QUOTED: \_\_\_\_\_

Applicant's Name / Mailing Address:

Agent's Name and Address:

_____	_____
_____	_____
_____	_____

### FORM HO-3 COVERAGES

Building - Replacement Cost	Personal Liability (each occurrence) - \$100,000
Personal Property - Actual Cash Value	Medical Payments - \$1,000
Roof - Actual Cash Value	

**DEDUCTIBLES:** Dwelling Values up to \$150,000. - \$500 ALL PERILS  
Dwelling Values over \$150,000 - \$1,000. Wind/Hail and \$500. All Other Perils

### LIMITS OF LIABILITY REQUESTED

Dwelling: _____	Other Structures: 10% of Dwelling Amount
Personal Property: 40% of Dwelling Amount	Loss of Use: 5% of Dwelling Amount

Name / Address: [ ] Mortgagee [ ] Second Mortgagee [ ] Contract Seller

_____	_____
_____	_____
_____	_____

Location of property if other than above, and/or legal description:

Protection Class: \_\_\_\_\_ County: \_\_\_\_\_

	Applicant	Co-Applicant
Social Security Number - MANDATORY:	_____	_____
Date of Birth	_____	_____
Occupation and # of years	_____	_____
Marital Status:	_____	_____

- Total number of residents in household including children: \_\_\_\_\_
- Date applicant moved into present residence: \_\_\_\_\_
- Years at prior residence: \_\_\_\_\_
- No. of miles to Fire Dept: \_\_\_\_\_ No of feet to Fire Hydrant: \_\_\_\_\_
- Does Applicant live in dwelling as Owner?: [ ] YES [ ] NO
- Is the dwelling a Primary Residence [ ] Yes [ ] NO
- Year dwelling was purchased (Mo/Yr): \_\_\_\_\_ and Current Market Value: \$ \_\_\_\_\_
- Total living area square footage: \_\_\_\_\_ and year dwelling was built: \_\_\_\_\_
- No. of stories: \_\_\_\_\_ Building Construction: \_\_\_\_\_ Roof Construction: \_\_\_\_\_
- Are there protective devices in the home? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

11. Does the insured have an alternative or supplemental heating source? [ ] YES [ ] NO

(Excluding built in brick fireplaces):

If Yes, explain: \_\_\_\_\_ Wood Burning Stove\* \_\_\_\_\_ Other (specify) \_\_\_\_\_

\*(wood stove questionnaire must be completed and photos attached)\*

12. Have any of the following been updated or added since original construction: (this section must be completed)

_____ Major Addition	Completed by: _____	Date: _____
_____ Roof	Completed by: _____	Date: _____
_____ Heating /Cooling	Completed by: _____	Date: _____
_____ Plumbing	Completed by: _____	Date: _____
_____ Electrical	Completed by: _____	Date: _____
_____ Other	Completed by: _____	Date: _____

13. Business of farming conducted on residence premises? (Including Day Care/Child Care) [ ] Yes [ ] No

14. Other Liability exposures (water craft, horses, dog) trampolines are not acceptable. [ ] Yes [ ] No  
EXPLAIN IN DETAIL: \_\_\_\_\_

15. Any Swimming Pool [ ] Yes [ ] No  
If Yes, is it fenced? [ ] Yes [ ] No  
Is there a diving board? [ ] Yes [ ] No

16. Is residence premises more than 1 acre? If Yes, how many? \_\_\_\_\_ [ ] Yes [ ] No

17. Are there any non residential property (schools, churches, stores, gas stations etc)?  
Within 50 feet of property to be insured [ ] Yes [ ] No

18. Dwelling now vacant / unoccupied or under construction? If Yes, occupancy date: \_\_\_\_\_ [ ] Yes [ ] No

19. Present or most recent Homeowners, Fire or Renters Insurance carried in the past 5 years.  
If none, indicate none: Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

20. Does this application pertain to the same property location insured by the prior carrier (if any) [ ] Yes [ ] No

21. In the past 5 years have you been rejected, cancelled or non renewed for insurance similar to  
the coverage applied for on this application? [ ] Yes [ ] No

22. 5 YEAR LOSS HISTORY: including losses at present and prior residences (list all losses by  
Theft, Fire, Wind, Hail, Water, Glass and CPL including Dog Bites)

Description	Date	Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Has all damage from the above losses been repaired? [ ] Yes [ ] No

EXPLAIN ALL "YES" ANSWERS IN DETAIL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT REPORT** - The applicant understands and agrees that a credit report may be ordered for purposes of underwriting the insurance requested in this application.

**NON-BINDER** - I understand that no insurance is bound hereunder and that no insurance shall be effective until this application is accepted by the company.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_ I have inspected the premises.

\_\_\_\_\_ I have not inspected the premises.

Is this a new insured to your agency?     YES     No

**The attached limitation / exclusion endorsements #1, #2, #3, #4 and #5, form a part of this application and must be signed by the insured prior to the company considering, accepting or binding and coverage.**

**Endorsement #1 - CM101**

**SPECIAL LOSS ADJUSTMENT PROVISION - Damage to Roofs of Covered Buildings  
ACTUAL CASH VALUE BASIS**

As respects Coverage A - Dwelling and Coverage B - Appurtenant Structures, it is agreed that notwithstanding any other terms of this policy, that all physical loss to the roof of the dwelling or the roofs of appurtenant structures arising out of the perils of windstorm and hail shall be adjusted on the basis of ACTUAL CASH VALUE at the time of loss, subject to a minimum adjustment of 50% of the replacement cost of the loss.

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**Endorsement #2 - CM102**

**LIMITATION OF CERTAIN PROPERTY COVERAGES**

- 1) As respects Coverage D - Loss of Use, it is agreed that notwithstanding anything to the contrary in this policy, the limit afforded for this coverage will not exceed 5% of the limit applicable to Coverage A - Dwelling.
  
- 2) As respects the following Additional Coverages:
  - 1 - Debris Removal
  - 2 - Trees, Shrubs and Other Plants
  - 4 - Fire Department Service Charge
  - 6 - Credit Card, Fund Transfer Card, Forgery and Counterfeit Money
  - 7 - Loss Assessment

Payment of any loss under there Additional Coverages does not increase the Limit of Liability applying under Coverages A, B, C, and D.

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**Endorsement #3 - CM158**

**ABSOLUTE ANIMAL EXCLUSION**

It is agreed that such insurance as is afforded by this policy does not apply to any claim or any suit arising out of and/or connected with and/or, caused by and/or, is alleged to have been caused in whole or in part by any animal owned by, leased to, or in the care, custody or control of the insured.

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**Endorsement #4 - CM171**

**WINDSTORM AND HAIL LIMITATION**

We will not pay for loss of or damage to the interior of any building or structure caused by or resulting from rain, snow, sleet, ice, sand or dust whether driven by wind or not unless the building or structure first sustains damage by a Covered Cause of Loss to its roof or walls through which the rain, snow, sleet, ice, sand or dust enters.

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**Endorsement #5 - CM183**

**ABSOLUTE EXCLUSION OF FIREARMS**

It is understood and agreed that Coverage E - Personal Liability and Coverage F - Medical Payments to others do not apply to "bodily injury" or "property damage" arising out of the use, ownership or maintenance of any firearms.

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I have read and understand Limitation / Exclusion Endorsement #1 though #5 above.

Accepted by:

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Date

# WOOD / COAL STOVE QUESTIONNAIRE

Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

The following questions should be answered in full by the Applicant/Insured so that we may properly evaluate the wood/coal stove exposure. If more than one stove is in the home, we will need a separate form completed for each unit.

## 1. GENERAL INFORMATION

Manufacturer's Name: \_\_\_\_\_ Model Name / Number: \_\_\_\_\_  
Is the stove U.L. approved (look for a U.L. label on unit):  Yes  No  
Type of unit:  Freestanding  Fireplace Insert  
Construction:  Cast Iron  Sheet Metal  Plate Steel  
Use:  Primary Heat  Supplemental Heat  Occasional Heat  
Fuel Used:  Wood  Coal  Other (explain) \_\_\_\_\_  
How often is stove, stovepipe and chimney cleaned? \_\_\_\_\_  
By Whom? \_\_\_\_\_

## 2. INSTALLATION

Who installed stove? \_\_\_\_\_ Date Installed? \_\_\_\_\_  
Where is stove in home? \_\_\_\_\_  
Installation inspected by local fire department or building inspector?  Yes  No  
If Yes, when? \_\_\_\_\_  
Clearances: Distance of wood stove:  Bottom to floor  Stove top to ceiling  
 To nearest wall  To nearest furniture  
Heat shields on wall(s)  Yes  No If Yes, provide dimensions, thickness and type of shield material: \_\_\_\_\_  
What is the amount of airspace (volume) in inches between wall and shield? \_\_\_\_\_  
If None, what is the wall constructed of? \_\_\_\_\_  
Is stove situated on a pad?  Yes  No If Yes, material used: \_\_\_\_\_  
Distance of pad edge to stove (in inches)  Sides  Front  Rear  
If No, what is the foundation materials? \_\_\_\_\_

## 3. STOVE PIPE INFORMATION

How is stove vented to outside?  Built into fireplace  Stovepipe thru wall\*  
 Stovepipe into chimney  Stovepipe thru ceiling\*  
If (\*) does stove pipe pass thru ventilated thimble?  Yes  No.  
If Yes, provide diameter of thimble (in inches): \_\_\_\_\_  
Stovepipe Sizes: Diameter \_\_\_\_\_; Length \_\_\_\_\_ (ft); No. of Elbows \_\_\_\_\_; Distance of horiz. Section to ceiling \_\_\_\_\_ (in); Distance of vent section to wall \_\_\_\_\_ (in).  
\*Are pipe sections/joints fastened with metal screws?  Yes  No

## 4. CHIMNEY INFORMATION

Type of Construction:  Metalbestos  Brick/Block  Triple-Wall  
 Metal  Other, describe \_\_\_\_\_  
If Brick/Block, what is liner material?  Clay Tile  Steel  
 Other, Describe \_\_\_\_\_  
Number of heating units, connected to same chimney? \_\_\_\_\_

INSURED'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_