

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.

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)

"Radiant Heat" NO YES Type:

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 conducted on residence premises? (Including Farming, 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?.....

Above ground In ground 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 properties (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.

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:

Table with 3 columns: Description, Date, Amount Paid. Includes four rows of blank lines for data entry.

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.

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.

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.

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.

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.

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