

**DWELLING FIRE APPLICATION (3/14) owner/tenant/vacant**



LAST FIRST M/I LAST FIRST M/I

Named Insured: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Spouse \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Age: \_\_\_\_\_ Soc. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer \_\_\_\_\_ Age: \_\_\_\_\_ Soc. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer \_\_\_\_\_

Occupation: \_\_\_\_\_ No. yrs: \_\_\_\_\_ Occupation: \_\_\_\_\_ No. yrs: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Household Annual income: \_\_\_\_\_ Under \$15,000 \_\_\_\_\_ \$15,000 - \$30,000 \_\_\_\_\_ Over \$30,000 Number of Children at home: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/County/State \_\_\_\_\_ Zip \_\_\_\_\_

**OCCUPANCY:**  Other (describe in comments)  OWNER  TENANT  VACANT

**LOSS DEDUCTIBLE - \$500.** each loss, unless other deductible noted: \$ \_\_\_\_\_

**REQUESTED DATE:** (to be effective) time: \_\_\_\_\_  a.m.  p.m.

**TERM:**  3 month  6 month  Annual

**DWELLING LOCATION:** \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

COVERAGES AND LIMITS OF LIABILITY	COVERAGE LIMIT	show premiums in box where coverage desired				Condition Charge OR Credits	Premium \$ SUBTOTAL	Explain Premium Condition Charges or Credits
		FIRE Prem.	E.C. Prem.	V. & M. M.	Broad Form			
Dwelling:								
Contents:								
Additional Coverages:								

LIABILITY (OLT): \_\_\_\_\_ /Bodily Injury \_\_\_\_\_ /Property Damage OR \_\_\_\_\_ Personal Liability

Additional Coverages requested at time of issue (Specific 'Other Structures', 'Medical Payments', etc.):	PREMIUM \$ DUE	Fee	TOTAL \$ DUE
		+	= \$

**DWELLING INFORMATION:** Year Const. \_\_\_\_\_ Construction Type \_\_\_\_\_ Type of Roof \_\_\_\_\_ / in years \_\_\_\_\_ Roof Age \_\_\_\_\_ No. of Families (apartments) \_\_\_\_\_ Purchase Price \_\_\_\_\_ Date Bought? \_\_\_\_\_ Current Dwelling Market Value (EXCLUDE LAND) \_\_\_\_\_

Complete if MOBILE HOME: Length X Width \_\_\_\_\_ X \_\_\_\_\_; Mfg. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Responding Fire Dept.: \_\_\_\_\_ Volunteer  Yes  No Prot. Class: \_\_\_\_\_ Distance from F/D: \_\_\_\_\_ Distance from Hydrant: \_\_\_\_\_

**SUPPLEMENTAL APPLICATION IS REQUIRED FOR ADDITIONAL**

**INSURED MORTGAGEE / LIENHOLDER INFORMATION:** Additional \_\_\_\_\_ Insured \_\_\_\_\_ Information \_\_\_\_\_

Loan Balance: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Please "X" where BILLING is to be sent:  Insured  Mortgagee  Other - explain: \_\_\_\_\_

Is dwelling being purchased by a LAND or LEASE Purchase Contract?  NO  YES (IF YES, SUBMIT UNBOUND WITH COPY OF CONTRACT, The Lease Purchase Seller will be listed as an 'Additional Insured')

What is your MONTHLY Loan payment for the Dwelling: \_\_\_\_\_ Are your payments current and up to date?  NO  YES

**FOR BROKER COMPLETION:**

Do you personally know applicant or family?  Just Met  YES

If yes, how long? \_\_\_\_\_

Have you seen the Dwelling?  YES  NO, inside?  YES  NO

Is pride of ownership evident? \_\_\_\_\_

Have you written other lines of insurance for the applicant?  YES  NO

**BROKER:**

Address \_\_\_\_\_

Broker #: \_\_\_\_\_

**COVERAGE IS NOT BOUND BY THIS APPLICATION. TO HAVE COVERAGE BOUND PLEASE CALL ASSOCIATED INSURANCE SERVICE, INC. (AIS).**

I, \_\_\_\_\_, spoke with \_\_\_\_\_ of AIS, (BROKER) (LICENSED SAFE AGENT)

who bound coverage effective: \_\_\_\_\_ at \_\_\_\_\_ a.m. p.m

PLEASE COMPLETE BOTH SIDES AND ATTACH CURRENT PHOTO

DWELLING FIRE APPLICANT INFORMATION:

- 1) Applicant: Married Single Widow Divorced/Separated
2) Have you ever been indicted or convicted for the commission of a crime? NO YES - explain
3) Name of previous insurance carrier & policy number? Thru what agency?
If no previous insurance, why? , if "CANCELED", why?
Any late Pay notices on insurance in the last 2 years? NO YES; Any other Insurance in effect on the Dwelling, other structures or contents? NO YES
4) List all losses incurred (other than auto) during the last FIVE (5) years for Property, Theft, or Liability. If None, mark NONE
5) Have you EVER had a property loss greater than \$10,000? NO Yes - explain:
6) Any Business, paid childcare or eldercare conducted on the premises? NO YES, explain:
7) Has Applicant gone through BANKRUPTCY proceedings or REPOSSESSIONS within the last 7 years? NO YES, explain
8) Do you have DOGS on premises? NO YES, IF "YES", what BREED: ever bitten anyone?

DWELLING INFORMATION:

- A) Continuously enclosed masonry foundation? YES NO; if no, explain:
B) Ground Floor Area: sq. ft.; # of floors: # of rooms: ; ELECTRIC SERVICE: Fuse Breaker; size of electrical service: amps
C) Has electrical system (wiring) been inspected by a qualified electrician? When? How old is wiring?
D) Please "X" answer that applies: Attached Garage Deadbolt Locks Fire Extinguisher Smoke Detector Carbon Monoxide Detector NO YES Central Heat Floor Furnace Electric Baseboard Heat GAS SPACE HEATERS? Thermostat Control for Heat? NO YES Central Air Conditioning TV/Radio Towers/Satellite Dish Swimming Pool Farm Property All Terrain Vehicles (excluded) NO YES
E) Are there any 'OPTIONAL' heating devices? (e.g.: fireplace, woodstove, kerosene heater) None YES, describe:
(FOR ALL WOODSTOVES & FIREPLACES the questionnaire I/S WB-1 must be attached)
F) Is dwelling accessible to fire equipment at all times? NO YES; Distance to nearest occupied dwelling?
G) What is premises lot size or acreage? Neighborhood? ("X") all that apply: Hillside Valley Near Creek/River Residential Commercial ISOLATED Farm Property Mobile Home Park

TENANT PROPERTY

- 1. Monthly rent? Is tenant current on rent? YES NO
Does tenant pay: water gas electric
2. How long has current tenant occupied premises?
3. How many days was property vacant in the last 3 years?

VACANT PROPERTY

- 1. Date property became Vacant? Why is property
EXPLAIN:
2. Is property for sale now? YES NO; by Realtor? YES NO
SALE PRICE? ; Utilities ON? YES NO

FAIR CREDIT REPORTING ACT - Pursuant to requirements of the Fair Credit Reporting Act, I (We) understand that, in connection with my (our) application for insurance, an investigative consumer report, including information as to character, general reputation, personal characteristics, and mode of living will be made. I (We) also understand that I (We) am (are) entitled, upon submission of written request, to be furnished a complete disclosure of the nature and scope of any such report. 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. COVERAGE IS SUSPENDED IN THE EVENT THE INSURED STRUCTURE IS VACANT OR UNOCCUPIED FOR MORE THAN SIXTY (60) DAYS UNLESS VACANT COVERAGE FORM IS SPECIFICALLY REQUESTED AND WRITTEN. I (We) declare the information provided in this application is true and request the Company to issue a policy of insurance, including any renewals in reliance thereon. IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT IN EFFECT UNTIL AUTHORIZED BY THE COMPANY OR ITS LICENSED REPRESENTATIVE and that any binder, policy or renewal certificate issued subsequent thereto is void from its effective date if any check tendered in payment of premium is not honored when presented. I (We) the applicant hereby apply for policyholder membership and if accepted as a member, I hereby appoint the Proxy Committee of the Board of Directors of the Insurance Company my true and lawful attorney for me, in my name, place and stead, to vote for me as my proxy at any meeting of the members of the Company held during the period of my membership under the policy herein applied for and any renewal thereof, and at which meeting I am not attending in person. PRODUCER - COMPANY RELATIONSHIP DISCLOSURE: Non Appointed Producer (broker); I (we) have been advised by my (our) individual insurance producer listed below that he (she) is NOT appointed with SAFE Insurance Company. This application for insurance coverage will be placed with a SAFE Ins. Co. appointed producer with Associated Insurance Service Inc. I (We) understand that my (our) individual insurance producer is not authorized to bind coverage or to execute or issue a policy on the behalf of SAFE Insurance Company.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF BROKER

DATE

COMMENTS: