

RENTER'S CONTENTS APPLICATION (02/14)

SAFE INSURANCE COMPANY
 P.O. BOX 2085, Huntington, WV 25721

PLEASE COMPLETE BOTH SIDES **AND** ATTACH PHOTO IF PERSONAL LIABILITY LIMIT EXCEEDS \$25,000.
 OR
 CONTENTS COVERAGE EXCEEDS \$15,000

POLICY TERM – ANNUAL ONLY

LAST	FIRST	M/I	LAST	FIRST	M/I
Named Insured: _____, _____, _____			Spouse _____, _____, _____		
Age: _____ Soc. Sec. # _____ - _____ - _____ Employer _____			Age: _____ Soc. Sec. # _____ - _____ - _____ Employer _____		
Occupation: _____ No. yrs: _____		Occupation: _____ No. yrs: _____			
Home Phone: _____ "X" if none <input type="checkbox"/>		Household Annual income: <input type="checkbox"/> Under \$20,000 <input type="checkbox"/> Over \$20,000		Number of Children at home: _____	
Mailing Address (include APT. #): _____			Location of Premises if different than mailing address: _____		
Town/County/State _____ Zip _____					

RESIDENCE INFORMATION:

1) Select residence construction type: FRAME MASONRY MOBILE HOME

2) Year of construction (or model year of mobile home) _____ If multiple occupancy, NUMBER of UNITS in Building? _____

3) Is residence accessible for fire equipment to reach at all times? YES NO; Distance to nearest occupied dwelling? _____

4) Approximate rented premises lot size (square footage) _____ Neighborhood: Residential Commercial Isolated Mobile Home Park Farm

5) Responding Fire Dept.: _____ Volunteer? Yes No Prot. Class: _____ Distance from F/D: _____ Distance from Hydrant: _____

COVERAGES AND LIMITS OF LIABILITY

("X" FORM) <input type="checkbox"/> RTR BROAD <input type="checkbox"/> RTR-BASIC	NO COVERAGE APPLIES TO DWELLING OR OTHER STRUCTURES C. Personal Property D. Additional Living Expense SEC. II	E. Personal Liability (each occurrence) F. Medical Payments (each pers/each acc.)
	\$ _____ \$ _____ \$ _____ \$ _____ /\$25,000	

DEDUCTIBLE Section I: Any loss by perils insured against under Section I of this policy is subject to a mandatory deductible of **\$500** unless a deductible noted here: \$ _____

REQUESTED DATE: (to be effective) _____ time: _____ a.m. p.m.

Base Premium	Additional Premium or Credit	Explain additional Premium Charges Or Credits:	Fee if Applicable	Total Premium	Amount Paid:
\$	\$		\$	\$	\$

Additional Coverages or Endorsements requested at time of issue:

FOR AGENT COMPLETION:

Do you personally know applicant or family? Just Met YES

If yes, how long? _____

Have you seen the Residence? YES NO

Condition: Excellent Average Poor

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

AGENT:

Address _____

Agent #: _____

COMMENTS / NOTES:

APPLICANT INFORMATION:

1) Applicant: Married Single Widow Divorced/Separated

2) Please "X" answer that applies -

Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	Central Heat	<input type="checkbox"/>	<input type="checkbox"/>	Gas space heaters (vented)	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	Central A/C	<input type="checkbox"/>	<input type="checkbox"/>	Gas space heaters (unvented)	<input type="checkbox"/>	<input type="checkbox"/>
Deadbolt Locks	<input type="checkbox"/>	<input type="checkbox"/>	Electric Baseboard Heat	<input type="checkbox"/>	<input type="checkbox"/>	All Terrain Vehicles	<input type="checkbox"/>	<input type="checkbox"/>
TV/Radio Towers/Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>	Floor Furnace	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>
Is heating system THERMOSTATICALLY controlled?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			

3) Are there any 'OPTIONAL' heating devices? (e.g.: fireplace, woodstove, kerosene heater) No Yes, if yes, describe: _____

(FOR ALL WOODSTOVES & FIREPLACES the questionnaire I/S WB-1 must be attached) _____

4) Do you own any REAL ESTATE or VACANT LAND?	<input type="checkbox"/>	<input type="checkbox"/>	10) Do you have DOGS on premises?	<input type="checkbox"/>	<input type="checkbox"/>
5) Is there a written rental lease?	<input type="checkbox"/>	<input type="checkbox"/>	IF "YES", what BREED: _____		
6) Are all rent payments up to date?	<input type="checkbox"/>	<input type="checkbox"/>	Ever bitten anyone?	<input type="checkbox"/>	<input type="checkbox"/>
7) Are utilities paid by the LANDLORD?	<input type="checkbox"/>	<input type="checkbox"/>	11) Any other Insurance to your benefit in effect on the residence or contents?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever been indicted or convicted for the commission of a crime? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	12) Have you gone through bankruptcy proceedings or repossessions within the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
9) Any late Pay notices on insurance in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	13) Any Business conducted or to be conducted on the premises (including but not limited to 'care for others' farming, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

14) Name of previous insurance carrier & policy number? _____ Thru what agency? _____

15) If no previous insurance, why? _____, if "CANCELED", why? _____

16) How long have you lived in current residence? _____

17) List all losses incurred during the last FIVE (5) years for Property, Theft, Auto, or Liability. Also list ANY previous property loss over \$10,000. If none, mark NONE

<u>DATE OF LOSS</u>	<u>TYPE OF LOSS</u>	<u>CAUSE</u>	<u>AMOUNT OF LOSS</u>
_____	_____	_____	_____
_____	_____	_____	_____

NOTICE: ANY PERSON WHO, WITH INTENT TO FRAUD 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.

The RTR-BASIC & RTR-BROAD Policy forms contain a maximum limit of \$1,000 for each occurrence for the peril of THEFT. All forms also have SPECIAL LIMITS on specific types of personal property. THERE IS NO COVERAGE FOR FLOOD OR VACANCY OR UNOCCUPANCY IN EXCESS OF SIXTY (60) DAYS.

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.

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 may be made. Information on the nature and scope of such report, if made, will be given to you upon request.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF AGENT

DATE

BINDER When signed below by a licensed agent of the Company, coverage is bound for a period of 30 days from the date and time of signing unless a later effective date is applied for, in which case coverage is bound effective at 12:01 a.m. local standard time on such later effective date. Coverage is bound subject to the terms, conditions and exclusions contained in the policy applied for and provides only those coverages, amounts, limits and deductibles indicated herein and for which a premium charge has been or will be made. Regardless of the amount of deposit premium, if any tendered with application, coverage under this binder terminates when replaced by a policy; upon ten days written notice mailed or delivered to the applicant; or at the end of 30 days from its effective date whichever occurs first.

I, _____ hereby bind coverage effective: _____ @ _____ a.m. _____ p.m.