

SPHO-8 APPLICATION (3/14)
 SPECIFIED PERIL Actual Cash Value COVERAGE



LAST FIRST M/I LAST FIRST M/I

Named Insured: _____, _____, _____ Spouse _____, _____, _____

Soc. Sec. # _____ - _____ - _____ Employer _____ Age: _____ Soc. Sec. # _____ - _____ - _____ 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 _____ Location of Premises if different than mailing address: _____

Occupancy

SPHO-8 - COVERAGES AND LIMITS OF LIABILITY

<input type="checkbox"/> owner	SEC I	A. Dwelling _____	B. Other Structures _____	C. Personal Property _____	D. Loss of Use _____	SEC. II	E. Personal Liability (each occurrence) _____	F. Medical Payments (each pers/each acc.) _____
<input type="checkbox"/> other (explain) _____		\$ _____	\$ _____	\$ _____	\$ _____		\$ _____	\$ _____ /\$10,000

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

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

TERM: 3 month
 6 month Annual

Base Premium \$ _____	Additional Premium \$ _____	Credits \$ _____	Fees \$ _____	Total \$ _____	Amount Paid: _____
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Additional Coverages or Endorsements requested at time of issue: _____

Explain additional Premium Charges or Credits: _____

DWELLING

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

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

If coverage needed for Specific OTHER STRUCTURES, describe and attach Photo Value when insured Purchase Price Month Year

MORTGAGEE / LIENHOLDER INFORMATION: _____ **Supplemental Application is required for Additional Insured**
 Additional Insured _____
 Information _____

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

