

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

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

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

<b>DEDUCTIBLE</b> Section I: Any loss by perils insured against under Section I of this policy is subject to a mandatory deductible of <b>\$500</b> unless other deductible noted:	<b>REQUESTED DATE:</b> (to be effective) _____ time: _____ a.m. _____ p.m.	<b>TERM:</b> <input type="checkbox"/> 3 month <input type="checkbox"/> 6 month <input type="checkbox"/> Annual
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Base Premium \$	Additional Premium \$	Credits \$	Fees \$	Total \$	Amount Paid:
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 <input type="checkbox"/> Yes <input type="checkbox"/> 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:**

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

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

**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 AGENT 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

**AGENT:**

Address \_\_\_\_\_

Agent #: \_\_\_\_\_

**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.

**PLEASE COMPLETE BOTH SIDES AND ATTACH CURRENT PHOTO**

- 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   

DATE OF LOSS	TYPE OF LOSS	CAUSE	AMOUNT OF LOSS
- 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) How long has Applicant lived in current residence? \_\_\_\_\_
- 9) 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) If dwelling is in excess of 25 years, show year of modernization for: PLUMBING: \_\_\_\_\_ HEATING: \_\_\_\_\_ ELECTRIC: \_\_\_\_\_ ROOF: \_\_\_\_\_
- E) Please "X" answer that applies -

	NO	YES		NO	YES		NO	YES
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	Central Heat	<input type="checkbox"/>	<input type="checkbox"/>	Central Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	Floor Furnace	<input type="checkbox"/>	<input type="checkbox"/>	TV/Radio Towers/ Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>
Attached Garage	<input type="checkbox"/>	<input type="checkbox"/>	Electric Baseboard Heat	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>
Detached Garage	<input type="checkbox"/>	<input type="checkbox"/>	GAS SPACE HEATERS?	<input type="checkbox"/>	<input type="checkbox"/>	Farm Property	<input type="checkbox"/>	<input type="checkbox"/>
Residence Employees	<input type="checkbox"/>	<input type="checkbox"/>	Thermostat control for Heat?	<input type="checkbox"/>	<input type="checkbox"/>	All Terrain Vehicles (excluded)	<input type="checkbox"/>	<input type="checkbox"/>
- F) 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)**
- G) Is dwelling accessible to fire equipment at all times?  NO  YES; Distance to nearest occupied dwelling? \_\_\_\_\_
- H) What is premises lot size or acreage? \_\_\_\_\_ Neighborhood? **"X" all that apply:**  Hillside  Valley  Near Creek/River  
 Residential  Commercial  ISOLATED  Farm Property

MINE SUBSIDENCE COVERAGE IS AVAILABLE - contact the company

PLEASE READ YOUR POLICY WHEN RECEIVED

The SPHO-8 Policy form contains a maximum limit of \$2,000 for each occurrence for the peril of THEFT and SPECIAL LIMITS on specific types of personal property. LOSS DUE TO FLOOD or Rising Water is NOT COVERED. Section I coverage is suspended in the event that the insured structure is VACANT or UNOCCUPIED FOR MORE THAN SIXTY (60) DAYS. 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.

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.

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."

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AGENT

\_\_\_\_\_  
DATE

COMMENTS / NOTES: