

Alliance Mutual Insurance Company

DWELLING FIRE APPLICATION Date

AGENCY Code Address City/St/Zip Phone Fax	APPLICANT NAME Address City/St/Zip County Home Phone Bus Phone	Date at Curr Res Effective Date Expiration Date
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APPLICANT INFORMATION

Previous Address (if less than 3 years)	Years @ Prev Addr	Location of Property (if any difference from above)				
Applicant's Occupation	Applicant's Employer Name and Address	Years in Curr Occ	Years w/ Curr Emp	Marital Status	Date of Birth	Social Security
Co-Applicant's Occupation	Co-Applicant's Employer Name and Address	Years in Curr Occ	Years w/ Curr Emp	Marital Status	Date of Birth	Social Security
How long have you known the Applicant?				Date Agent Last Inspected Property		

COVERAGES

Form	Dwelling	Other Structures	Personal Property	Rental Value	Additional Expense	Premium Est. Total Premium \$ Deposit \$ Balance \$
DED Type & Amount		<input type="checkbox"/> All Peril	<input type="checkbox"/> Wind/Hail	<input type="checkbox"/> Theft		
<input type="checkbox"/> Fire		<input type="checkbox"/> Fire & EC	<input type="checkbox"/> Fire, EC, & VMM	<input type="checkbox"/> Broad	<input type="checkbox"/> Special	
Scheduled Personal Property (type & description)						

ENDORSEMENTS

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RATING / UNDERWRITING

<input type="checkbox"/> Frame	<input type="checkbox"/> Fire Res	Yr Built	# Rooms	Market Value	STRUCTURE TYPE		USAGE TYPE	# Families	Purchase Date & Price					
<input type="checkbox"/> Masonry	<input type="checkbox"/> Asbestos Sid.				<input type="checkbox"/> Dwelling	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Primary							
<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Plastic Siding	Sq Ft	# Apts	Replacement Cost	<input type="checkbox"/> Apartment	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Secondary	# Household Res						
<input type="checkbox"/> Log	<input type="checkbox"/> Aluminum Siding				<input type="checkbox"/> Condo	<input type="checkbox"/> Co-Op	<input type="checkbox"/> Seasonal							
<input type="checkbox"/> Farm							<input type="checkbox"/> Farm							
Terr Code	Protection Class	Fire Prem Group	Number of Fire Divs	Units in Fire Div	Distance to Fire Hydrant	Fire Station	Fire District Name & Code #	DWELLING LOCATION		Heat Type	Renovation Type	Part	Comp	Year
					ft	mi		<input type="checkbox"/> Within City Limits	<input type="checkbox"/> Within Fire District	<input type="checkbox"/> Within Prot Suburb	Primary	Wiring		
								<input type="checkbox"/> Above Ground on Masonry Floor	<input type="checkbox"/> Above Ground	<input type="checkbox"/> Below Ground	Secondary	Plumbing		
								<input type="checkbox"/> Above Ground NOT on Masonry Floor			Housekeeping Condition	Heating		
											Roofing			
											Exterior Paint			
PROTECTION DEVICES				SECURITY			OIL STORAGE TANK		Roof Type	Inspected?	Tax Code	EC Prem Group		
System	Smoke	Temp	Burglar	<input type="checkbox"/> Deadbolt	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Visible to Neighbors	<input type="checkbox"/> Manned Security	<u>Indoors</u>	<u>Outdoors</u>		<input type="checkbox"/> Yes			
Central								<input type="checkbox"/> Above Ground on Masonry Floor	<input type="checkbox"/> Above Ground		<input type="checkbox"/> No			
Direct								<input type="checkbox"/> Above Ground NOT on Masonry Floor	<input type="checkbox"/> Below Ground					
Local														
Occupied Daily?	# Weeks Rented	Wind Class	OCCUPIED	Foundation	Sprinkler	Rating	STORM SHUTTERS	# OF FIREPLACES _____						
<input type="checkbox"/> Yes		<input type="checkbox"/> Resistive	<input type="checkbox"/> Owner	<input type="checkbox"/> Open	<input type="checkbox"/> Partial	<input type="checkbox"/> Class	<input type="checkbox"/> Yes	<input type="checkbox"/> Glass	<input type="checkbox"/> Chimney	<input type="checkbox"/> Pre-Fab				
<input type="checkbox"/> No		<input type="checkbox"/> Semi-Resistive	<input type="checkbox"/> Tenant	<input type="checkbox"/> Closed	<input type="checkbox"/> Full	<input type="checkbox"/> Spec	<input type="checkbox"/> No	<input type="checkbox"/> Hurricane Resistant	<input type="checkbox"/> Hearth	<input type="checkbox"/> Wood Stove Insert				
		<input type="checkbox"/> Other		<input type="checkbox"/> None										
Basement			sq ft	Garage			sq ft	Breezeway			sq ft			

PRIOR COVERAGE

Prior Carrier	Prior Policy Number	Expiration Date
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GENERAL INFORMATION

Explain all "Yes" responses in attachments		Yes	No	Yes No	
1. Any farming or other business conducted on premises? (including day/child care) <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Is building undergoing renovation or reconstruction? (Give estimated completion date and dollar value) <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Any residence employees? (provide number and type of full and part time employees) <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Is property within 300 feet of a commercial or non-residential property? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Any flooding, brush, forest fire hazard, landslide, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	Renters and Condos only }	4. Any other residence owned, occupied or rented? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Is there a manager on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Any other insurance with this company? (List policy numbers) <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Is there a security attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Has insurance been transferred within agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Is the building entrance locked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Any coverage declined, cancelled or non-renewed during the last three (3) years? (Not applicable in MO) <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Any lead paint hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Has applicant had a foreclosure, repossession, bankruptcy, judgment or lien during the past five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Was the structure originally built for other than a private residence and then converted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Distance to tidal water? (at least 1000 feet from high tide water mark) Measurement in: <input type="checkbox"/> feet or <input type="checkbox"/> miles	22. During the last five (5) years (ten (10) years in RI), has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any other arson-related crime in connection with this or any other property? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Is property situated on more than five (5) acres? (If yes, describe land use.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
11. Is building retrofitted for earthquake? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Any uncorrected fire or building code violations? <input type="checkbox"/> Yes <input type="checkbox"/> No					

LOSS HISTORY

Any losses, whether or not paid by insurance, during the last five (5) years, at this or at any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate below)			Applicant's Initials
Date of Loss	Type of Loss	Description of Loss	Amount

PRIOR COVERAGE

Prior Carrier	Prior Policy Number	Expiration Date	Risk new to Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ADDITIONAL INTEREST

Int# <input type="checkbox"/> Mortgage <input type="checkbox"/> Addl Int	Name and Address	Loan Number
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ATTACHMENTS

State Supplement(s) (if applicable)
 Protection Device Certificate
 Renovated Home Questionnaire
 Replacement Cost Estimate

BINDER / SIGNATURE

INSURANCE BINDER	
Effective Date	Expiration Date
Time	<input type="checkbox"/> 12:01 am <input type="checkbox"/> Noon
<input type="checkbox"/> Coverage is NOT Bound	

If the "Binder" box to the left is completed, the following conditions apply:
 This company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitation of the policy(ies) in current use by the company.
 This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, MA, OH, OK, OR, or VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied.)

Applicant's Statement: I have read the above application and any attachments. I declare that the information in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Applicant's Signature	Co-Applicant's Signature	Producer's Signature
Date	Date	General Agent's Signature