

# Alliance Mutual Insurance Company

HOMEOWNERS APPLICATION										Date											
<b>AGENCY</b> Code Address City/St/Zip Phone Fax					<b>APPLICANT NAME</b> Address City/St/Zip County Home Phone Bus Phone					Date at Curr Res Effective Date Expiration Date											
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	Years w/ Prior 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	Years w/ Prior Emp	Marital Status	Date of Birth		Social Security								
How long have you known the Applicant?							Date Agent Last Inspected Property														
COVERAGES / LIMITS OF LIABILITY											Premium										
HO Form	Dwelling		Other Structures		Personal Property		Loss of Use		Personal Liability (each occurrence)		Medical Payments (each person)		Est. Total Premium \$								
													Deposit \$								
													Balance \$								
DED Type & Amount										<input type="checkbox"/> All Peril	<input type="checkbox"/> Wind/Hail			<input type="checkbox"/> Theft							
Scheduled Personal Property (type & description)																					
ENDORSEMENTS																					
<input type="checkbox"/> Repl Cost Dwelling				<input type="checkbox"/> Repl Cost Contents				<input type="checkbox"/> Auto Adj of Limits				<input type="checkbox"/> Functional Repl Cost		<input type="checkbox"/> Water Backup							
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"/> Mfg Home		Sq Ft		# Apts		Replacement Cost		<input type="checkbox"/> Dwelling		<input type="checkbox"/> Townhouse		<input type="checkbox"/> Primary		# Household Res					
<input type="checkbox"/> Masonry Veneer		<input type="checkbox"/> Vinyl Siding								<input type="checkbox"/> Aluminum Siding		<input type="checkbox"/> Apartment		<input type="checkbox"/> Rowhouse						<input type="checkbox"/> Secondary	
<input type="checkbox"/> Log										<input type="checkbox"/> Condo		<input type="checkbox"/> Co-Op		<input type="checkbox"/> Farm							
Terr Code	Protection Class		Number of		Distance to		Fire District Name & Code #		DWELLING LOCATION				Heat Type		Renovation Type		Part	Comp	Year		
			Fire Divs		Units in Fire Div		Fire Hydrant		Fire Station		<input type="checkbox"/> Within City Limits <input type="checkbox"/> Within Fire District <input type="checkbox"/> Within Prot Suburb				Primary Secondary		Wiring				
					ft		mi						Housekeeping Condition		Heating						
															Roofing						
															Exterior Paint						
Circuit Breakers			Fuses		Knob/Tube or Aluminum Wiring				Plumbing System Condition				Known Plumbing Leaks		Foundation						
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> None						
PROTECTION DEVICES				SECURITY				SPRINKLER		OIL STORAGE TANK				SWIMMING POOL <input type="checkbox"/> Yes <input type="checkbox"/> No							
System	Smoke	Temp	Burglar	<input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors <input type="checkbox"/> Manned Security				<input type="checkbox"/> Partial <input type="checkbox"/> Full		<u>Indoors</u> <input type="checkbox"/> Above Ground on Masonry Floor <input type="checkbox"/> Above Ground NOT on Masonry Floor		<u>Outdoors</u> <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground		<input type="checkbox"/> Approved Fence <input type="checkbox"/> Above Ground <input type="checkbox"/> Diving Board <input type="checkbox"/> In-Ground <input type="checkbox"/> Slide							
Central																					
Direct																					
Local																					
Occupied Daily?		# Weeks Rented		Wind Class				Roof Material		Condition of Roof		# of Fireplaces _____									
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Resistive <input type="checkbox"/> Semi-Resistive <input type="checkbox"/> Other								<input type="checkbox"/> Chimney <input type="checkbox"/> Pre-Fab <input type="checkbox"/> Hearth <input type="checkbox"/> Wood Stove Insert									
PRIOR COVERAGE																					
Prior Carrier							Prior Policy Number					Expiration Date									

<b>GENERAL INFORMATION</b>							
<i>Explain all "Yes" responses in attachments</i>		Yes	No	Yes	No		
1. Any farming or other business conducted on premises? (including day/child care)		<input type="checkbox"/>	<input type="checkbox"/>	15. Is building undergoing renovation or reconstruction? (Give estimated completion date and dollar value)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Any residence employees? (provide number and type of full and part time employees)		<input type="checkbox"/>	<input type="checkbox"/>	16. Is property within 300 feet of a commercial or non-residential property?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Any flooding, brush, forest fire hazard, landslide, etc?		<input type="checkbox"/>	<input type="checkbox"/>	Renters and Condos only	17. Is there a manager on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other residence owned, occupied or rented?		<input type="checkbox"/>	<input type="checkbox"/>		18. Is there a security attendant?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any other insurance with this company? (List policy numbers)		<input type="checkbox"/>	<input type="checkbox"/>		19. Is the building entrance locked?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has insurance been transferred within agency?		<input type="checkbox"/>	<input type="checkbox"/>	20. Is house for sale?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Any coverage declined, cancelled or non-renewed during the last three (3) years? (Not applicable in MO)		<input type="checkbox"/>	<input type="checkbox"/>	21. Is there a trampoline on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Has applicant had a foreclosure, repossession, bankruptcy, judgment or lien during the past five (5) years?		<input type="checkbox"/>	<input type="checkbox"/>	22. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are there any animals or exotic pets kept on the premises? (Note breed and bite history)		<input type="checkbox"/>	<input type="checkbox"/>	23. Any lead paint hazard?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Distance to tidal water? (at least 1000 feet from high tide water mark) Measurement in: <input type="checkbox"/> feet or <input type="checkbox"/> miles				24. If a fuel oil tank is on premises, has other insurance been obtained for the tank? (Give first party / limit, and third party / limit)	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is property situated on more than five (5) acres? (If yes, describe land use.)		<input type="checkbox"/>	<input type="checkbox"/>	25. If building is under construction, is the applicant the general contractor?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does applicant own any recreational vehicles? (snow mobile, dune buggy, mini bike, ATV, etc)? If yes: list year, type, make, model.		<input type="checkbox"/>	<input type="checkbox"/>	26. 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"/>	<input type="checkbox"/>	
13. Is building retrofitted for earthquake? (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>				
14. Any uncorrected fire or building code violations?		<input type="checkbox"/>	<input type="checkbox"/>				
<b>LOSS HISTORY</b>							
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					Applicant's Initials		
If yes, indicate below:							
Date of Loss	Type of Loss	Description of Loss			Cat #	Amount	
<b>ADDITIONAL INTEREST</b>							
Int#	Name and Address					Loan Number	
<input type="checkbox"/> Mortgage <input type="checkbox"/> Addl Int							
<b>ATTACHMENTS</b>							
<input type="checkbox"/> State Supplement(s) (if applicable) <input type="checkbox"/> Protection Device Certificate <input type="checkbox"/> Renovated Home Questionnaire <input type="checkbox"/> Replacement Cost Estimate							
<b>BINDER / SIGNATURE</b>							
<b>INSURANCE BINDER</b>		If the "Binder" box to the left is completed, the following conditions apply:					
Effective Date	Expiration Date	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.					
Time	<input type="checkbox"/> 12:01 am <input type="checkbox"/> Noon	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.					
<input type="checkbox"/> Coverage is NOT Bound							
Applicable in Colorado: The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.							
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.							
<input type="checkbox"/> 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		