



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-678-7342 • Fax 800-478-9880

HOMEOWNERS

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Residential Telephone Number: () _____ Fax: () _____

Physical Location (if different): _____

Population within 50 Miles: _____ Contact Person: _____

Applicant's Birth Date: _____

Is the Applicant married? Yes No If yes, answer: Spouse's Name: _____

Spouse's Birth Date: _____

Broker No.: _____ Broker's Name: _____ Broker E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

Desired Insurance

Policy Form: Homeowners Dwelling Fire (For Mobile Home coverage, please complete the Mobile Home application.)

Term: 3 Months 6 Months 1 Year

Limit of Liability:

Per Act/Aggregate

OR

Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

Dwelling: \$ _____ Loss of Use: \$ _____

Other Structures: \$ _____ Liability: \$ _____

Personal Property: \$ _____

Deductible: \$500 \$1,000 \$1,500 \$2,500 \$5,000 \$10,000

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Wind Deductible: \$ _____

Property Information

1. County: _____
2. Is this location within 50 miles of an ocean or a great lake? Yes No
3. Total monthly household income and source(s) \$ _____
4. Has the Applicant ever filed for bankruptcy? Yes No
5. Applicant's current employer(s): _____
 - a. Name: _____
 - b. Address: _____
 - c. Job title of Applicant: _____
 - d. Length of time employed there: _____
6. Mortgages/additional interests: _____
7. Remaining balance of mortgage: \$ _____
8. Number of years left on loan: _____
9. Are mortgage payments current? Yes No
10. Use/Occupancy (circle number of occupants): 1 2 3 4 Family Owner Tenant Occupied
 Commercial (describe current or former occupancy): _____

Structural Information

11. Is the building currently vacant? Yes No If yes, answer:
 - a. Length of vacancy (yrs./mos.): _____
 - b. Future plans: _____
12. Year built: _____
13. Stories: _____
14. Square feet (not including basement): _____
15. Public protection class: _____
16. Distance to nearest fire department? Within 1 mile 1-5 miles Over 5 miles
17. Construction: Frame Masonry
18. Garage: Attached Free standing None
19. Type of roof: Shingle Tin Earthen Tile Gravel Other: _____
20. Has the roof been replaced? Yes No If yes, when (year): _____
21. Roof condition: Excellent Good Fair Poor
22. Type of wiring: Copper Aluminum Other: _____

23. Has the wiring been replaced? Yes No If yes, when (year): _____
24. Plumbing type: Lead Copper Other: _____
25. Has the plumbing been replaced? Yes No If yes, when (year): _____
26. Foundation type: Cement Foundation Pylons Other: _____
27. Describe condition of foundation: Good Poor Needs Repair
28. Soil conditions around structure: Sand Clay Other: _____
29. Primary heat source: _____ Does the property contain a kerosene or woodstove? Yes No
30. Central air? Yes No
31. Site security (if any): _____
32. Condition of dwelling: Excellent Good Above Average Fair
33. Livestock or domestic pets? Yes No If yes, please describe: _____
34. Smoke detector? Battery Direct Wire None
35. Carbon monoxide detector? Battery Direct Wire None

Surrounding Hazards

36. Is structure surrounded by trees? Yes No If yes, please answer:
a. Type(s) of tree(s): _____ b. Average height: _____
37. Are there telephone or electrical poles close to structure? Yes No
38. Describe the general characteristics of surrounding area: _____
39. Are there any other factors that would constitute a wind hazard? Yes No
40. Are there any bodies of water close to structure including rivers, lakes, ponds, or any other possible water hazard?
 Yes No If yes, describe: _____
41. Is structure located in flood plain? Yes No
If yes, what is the frequency of floods in that area? _____
42. Has there ever been flood damage to structure? Yes No
Year: _____ Amount: \$ _____
43. Distance from fire hydrant: Within 500 feet 501 feet-1,000 feet Over 1,000 feet
44. Are there any kind of fuel storage structures, including propane tanks, located near structure? Yes No
If yes, indicate distance from structure: _____
45. Please describe any un-repaired damage: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name