

**THIS APPLICATION FOR SINKHOLE LOSS COVERAGE ONLY**

HAS APPLICANT PREVIOUSLY APPLIED TO THIS FACILITY FOR COVERAGE OF ANY TYPE? ☐ YES ☐ NO

THIS POLICY MAY NOT BE ASSIGNED.

REQUESTED EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUBMIT AN APPLICATION FOR EACH FIRE DIVISION OR HABITATIONAL STRUCTURE  
EVERY ITEM MUST BE COMPLETED OR THE APPLICATION WILL BE DECLINED. IF NOT APPLICABLE ENTER "N/A".**

LOCATION OF PROPERTY	AMOUNT OF INSURANCE
<div>01. Number _____ Street _____</div> <div>02. Section, Township, Range or Lot &amp; Block Number _____</div> <div>03. City _____ County _____ Zip _____</div> <div>04. Occupancy: <input type="checkbox"/> Owner Occupied or <input type="checkbox"/> Tenant Occupied</div>	<div>23. Building \$ _____ 24. Contents \$ _____</div> <div><b>Maximum amount of total building and contents is \$200,000</b></div>
<b>APPLICANT'S NAME AND MAILING ADDRESS</b>	<b>OTHER INFORMATION</b>
<div>05. Name _____</div> <div>06. Telephone Number _____ Alternate Telephone Number _____ Email Address _____</div> <div>07. Number and Street or _____ P O Box Number _____</div> <div>08. City, State, Zip _____</div>	<div>25. Is any part of the building vacant or unoccupied? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>If Yes, advise the percentage, reason, and how long _____</div> <div>26. No of Families? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></div> <div>27. Construction Type (Circle One)</div> <div><div><input type="radio"/> 1. Frame (not otherwise classified)</div><div><input type="radio"/> 2. Veneer (Brick, Stone or Masonry)</div><div><input type="radio"/> 3. Brick, Stone or Masonry</div><div><input type="radio"/> 4. Fire Resistive</div><div><input type="radio"/> 5. Aluminum or Plastic siding over frame</div><div><input type="radio"/> 6. Mobile Home on Enclosed Masonry Foundation</div></div> <div>28. Mobile Home Serial No. _____ Model _____</div> <div>Year _____ Brand _____ Length _____ Width _____</div> <div>29. Market value: Building \$ _____ Contents \$ _____</div> <div>30. Date of Purchase of building _____</div> <div>If property was inherited or gifted indicate here. _____</div> <div>31. Purchase Price \$ _____</div> <div>32. Amount of alterations or improvements completed attach copies of receipts.\$ _____</div> <div>33. Name of primary insurance carrier _____</div> <div>_____</div> <div>Policy number _____ Current policy period _____</div>
<b>NAME(S) AND ADDRESSES OF MORTGAGEE(S)</b>	<div><b><u>Recent photos of the FRONT AND REAR of the habitational structure MUST be attached to this application.</u></b></div> <div><b><u>Deductible amount is 10% of the combined limit of liability of dwelling coverage and contents coverage.</u></b></div> <div><b>Coverage shall be only for habitational structures and shall NOT cover driveways or non-habitational detached structures. Contents coverage shall apply only if there is a covered sinkhole loss on the habitational structure in which the contents are located. Sinkhole coverage does not include loss for the value of the land or for the cost associated with filling a sinkhole.</b></div>
<div>09. Should the mortgage company be billed for the premium <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>10. Name of First Mortgagee _____</div> <div>11. Address _____</div> <div>12. City, State, Zip _____</div> <div>13. Loan Number _____</div> <div>14. Name of Second Mortgagee _____</div> <div>15. Address _____</div> <div>16. City, State, Zip _____</div> <div>17. Loan Number _____</div>	
<b>PRODUCER OR AGENCY INFORMATION</b>	
<div>18. Name _____</div> <div>19. Address _____</div> <div>20. City, State, Zip _____</div> <div>21. Account Number _____ Telephone Number _____</div> <div>22. Signature _____ Email: Address _____</div>	

**NOTICE: FAILURE TO ANSWER THE QUESTIONS TRUTHFULLY COULD RESULT IN VOIDANCE OF CONTRACT.  
I certify the above information to be true and correct to the best of my knowledge.**

\_\_\_\_\_