

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

**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.**