**DWELLING, COMMERCIAL AND FARM APPLICATION**

**LOCATION OF PROPERTY**

**To avoid any confusion on coverage a complete description of where the property is located is required. Properties outside the city limits require the legal description (section, township and range,) or 911 address (preferred), city, county and zip code. Also, if the property location is outside the city limits we require specific driving instructions to assist our inspectors in locating the correct property. The legal description can be located on the on the property tax bill or property deed.**

NAME AND MAILING ADDRESS OF APPLICANT

**We do not write mortgage interest only policies.**

**For building coverage, complete the applicant name as it appears on the property deed/title and provide their mailing address. Always provide email address if available.**

**For content only coverage complete the name of the tenant applying for coverage and the mailing address of tenant.**

### OCCUPANCY

**For dwelling applications indicate if property is occupied by the owner or a tenant.**

**PREMIUM ESCROWED**

If escrowed, check yes and a copy of the quote will be sent to the mortgage holder at the address provided.

All quotes will be sent to the applicant or his representative, as indicated on the application. One copy of the quote will be sent to the producer. Please return one copy of the quotation letter to the Facility with payment.

**NAME AND ADDRESS OF MORTGAGEE**

**Complete information is required about all mortgagees or loss payees. This includes name, address and loan number.**

**If “Contract for Deed” provide the name and mailing address of seller.**

**NAME OF PERSON INSPECTOR CAN CONTACT**

**All new policies are inspected if the premium is paid. We require the name and telephone number of person to contact.**

**A letter is sent out to the insured when the inspection is ordered. The inspector does not always contact applicant prior to inspection. The inspector does carry a photo ID and will produce it upon request.**

**Surcharges are assessed by our contract inspectors for all deficiencies. A copy of the inspection with written notification will be sent to the owner explaining what surcharges are applied. The owner will be given the opportunity to correct the deficiency.**

**PRODUCER NAME AND ADDRESS**

**Please indicate your name as it appears on your state insurance license. Include your mailing address, email address and phone number. Enter your Facility account number to receive commission. If we do not have the proper information the application cannot be processed and will be returned to your office for completion.**

**AMOUNT OF INSURANCE**

**The Facility will write a maximum combined limit for building and contents coverage for any one location of $200,000 on residential and $1,000,000 for commercial and farm risks.**

**Coinsurance is only offered on Commercial contents coverage for no-co, 80%, 90% or 100% coinsurance.**

**If you are applying for Extended Coverage or Vandalism in addition to Fire coverage check appropriate box.**

**For “On Premises Theft” for Dwellings check the appropriate box and enter amount of coverage desired. Minimum $1,000 and maximum of $25,000. Please enter in $1,000 increments.**

**A Class Rate form must be completed and submitted along with the application on all commercial class rated risks containing 15,000 or less square feet in a single fire division. All occupancies in the building and square footage for each occupancy must be shown.**

**For coverage of contents only, the application must show the specific occupancy to be covered and include two (2) interior photos along with the exterior photo.**

**If the occupancy is a tavern, you must indicate if any cooking is being done on premises.**

**If occupancy is an auto repair shop, you must indicate if there is any spray painting or welding being done on premises.**

**SEASONAL OCCUPANCY**

**A seasonal dwelling is a dwelling that is continuously unoccupied for three or more consecutive months during any one year. A secondary dwelling is when an insured owns 2 dwellings and frequently spends time at both properties.**

**FARM**

**You must enter the type of crop or livestock for farm operation.**

**Form FAC - FM - 01 must be completed and submitted along with the application on all farm risks. A photo of each building or structure is required along with a diagram of the layout of the premises.**

**OUTBUILDINGS**

**DWELLING - A 10% extension of the building value applies to other structures used with the dwelling and in good condition. Make sure to advise the condition of each outbuilding if more than one. Provide photo for our records.**

**FARM - A 10% extension of Coverage A applies to other private structures appurtenant to dwelling, not farm buildings. Provide the construction, condition and a photo of all outbuildings located on the farm property.**

**OUTDOOR RADIO/TV EQUIPMENT**

**If windstorm or hail coverage is desired on outdoor radio or television equipment, indicate the amount of insurance being requested. We require the serial number, brand name, model and photograph of all items to be insured. Amount of insurance requested must be higher than the policy deductible.**

**AWNINGS/SIGNS/CANOPIES**

**If windstorm or hail coverage is desired on awnings, canopies or signs, indicate the amount of insurance being requested. We require a photograph of all awnings, canopies or signs to be insured. The amount of insurance requested must be higher than the policy deductible.**

**DEDUCTIBLE**

**The standard deductible is $500.00 for dwelling, commercial, and farm risks. If a higher deductible is desired so indicate. The theft coverage deductible for dwelling must be the same as other perils.**

**NEW CONSTRUCTION**

**For a new construction to be eligible the application must be submitted along with photograph prior to construction being started. We need the estimated cost of construction and the expected date when the building will be completed. The structure must be completed and occupied within one year or the policy will not be renewed.**

**The Facility will not insure any building on which construction has begun.**

**VACANT OR UNOCCUPIED**

**The Facility will insure vacant or unoccupied dwellings that meet our underwriting guidelines. Commercial property is not eligible if 70% or more total square footage is vacant or unoccupied. Farm is not eligible if more than 50% of the property is vacant and/or unoccupied. A Supplement Vacancy Information Form must also be completed and submitted with the application. Increased rates will apply for vacant and/or unoccupied dwellings. See additional requirements/notes on Page 17.**

**PRIOR FIRE LOSSES**

**All fire losses over $500.00 on property for which the applicant had an insurable interest, must be listed explaining the cause of loss, property location of loss, amount of claim paid and the date that the loss occurred.**

**RATING INFORMATION**

**All questions must be answered to compute the correct premium.**

**The number of families and construction determine what loss costs are applied.**

**If the construction type is a mobile home, you must complete the information describing the mobile home.**

**If there is an incidental service type occupancy, with 2 or less employees, you must describe the business in detail. (i.e. - offices, daycare, beauty shop). Sales or manufacturing are considered commercial property.**

**You must provide feet from fire hydrant and miles to fire department so the proper protection class can be applied. If there is a subscription type fire department we must know if the applicant subscribes to services. If inadequate information is provided class 10 will be assigned.**

**MARKET VALUE**

**Enter the market value of the property to be insured subject to the Facility limits. Do not use replacement cost, the amount it would cost to replace the building at today’s cost. The Facility does not write replacement cost insurance. Always include a recent appraisal on all recent purchases and all other property if available.**

**WOOD/COAL BURNING STOVE**

**The woodstove should sit at least 36 inches away from any combustible wall and have protected pad under it. If closer than 36 inches, advise the construction of the surrounding walls. A photograph of the stove is required. Homemade woodstoves are not acceptable.**

**PURCHASE DATE**

**If building coverage you must indicate the day, month and year the property was purchased. If property was inherited please indicate. THIS IS THE ORIGINAL DATE OF PURCHASE NOT THE REFINANCED DATE!**

**PURCHASE PRICE**

**This is the amount the applicant paid for the property. If land was included indicate the amount of land included. THIS IS THE ORIGINAL AMOUNT OF PURCHASE NOT THE REFINANCED AMOUNT!**

**AMOUNT OF ALTERATIONS OR IMPROVEMENT COMPLETED**

**Alterations and improvements are monies spent by owner or tenant to improve the physical condition of the building. Include copies of paid receipts if possible. This amount should not include money spent on general maintenance or upkeep of the property.**

**ATTACH A FRONT AND REAR PHOTOGRAPH OF THE DWELLING ALONG WITH REQUIRED CONTENT PHOTOGRAPHS.**

**MANDATORY DISCLOSURE OF EXCLUDED COVERAGE**

**The following coverages are examples of coverage not provided:**

**loss due to liability, flood, earthquake, additional living expense, weight of ice and snow, burst water pipes, backup of sewer drains and/or sumps or any other combination of these. Make sure you specifically point out these exclusions to the applicant.**

**SIGNATURE**

**All applications must be signed by the applicant, legal guardian, partner if a partnership or officer if a corporation.**