**SINKHOLE APPLICATION**

**The policy cannot be assigned to a new policy holder. You will need to cancel the current policy and submit a new application for the new owner.**

**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.**

### OCCUPANCY

**Indicate if property is occupied by the owner or a tenant.**

NAME AND MAILING ADDRESS OF APPLICANT

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

**For building coverage, complete the applicants name as it appears on the property deed/title and provide their mailing address.**

**You must include the telephone number and email address of the application so the inspector can contact applicant for inspection.**

**All new policies are inspected if the premium is paid. 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.**

**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” include the name and mailing address of seller.**

**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 of building and contents coverage for any one location of $200,000 total. We do not offer content only for sinkhole coverage.**

**OUTBUILDINGS**

**There is NO coverage for outbuildings on the Sinkhole policy.**

**VACANT OR UNOCCUPIED**

**The Facility will not insure vacant or unoccupied dwellings. A complete explanation should be provided, advising percentage of vacancy, reason and length of time building will be vacant.**

**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.**

**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.**

**PURCHASE DATE**

**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.**

**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.**

**NAME OF PRIMARY CARRIER**

**Complete the name, policy number and policy period for current Homeowners coverage.**

**ATTACH FRONT AND REAR PHOTOGRAPHS OF THE DWELLING. PHOTOGRAPHS MUST SHOW ENTIRE BUILDING.**

**DEDUCTIBLE**

**The deductible for Sinkhole is 10% of the limit of liability for all coverages combined.**

**SIGNATURE**

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