



BEST RATING A

## ILLINOIS HO-4 PROGRAM

|                           |                            |
|---------------------------|----------------------------|
| Requested Effective Date: | Requested Expiration Date: |
|---------------------------|----------------------------|

|  |               |                   |             |        |           |
|--|---------------|-------------------|-------------|--------|-----------|
| Applicant                                  | Date of Birth | Social Security # | Telephone # |        |           |
| Co-Applicant                               | Date of Birth | Social Security # | Telephone # |        |           |
| Mailing Address                            | City          | State             | Zip Code    | County | Territory |
| Location if Different than Mailing Address | City          | State             | Zip Code    | County | Territory |

|  |       |          |
|--|-------|----------|
| Unit Owner / Landlord Name <small>(provide this information if they would like to be notified of coverage and / or cancellation)</small> |       |          |
| Mailing Address  |       |          |
| City   | State | Zip Code |

|                 |               |                |
|-----------------|---------------|----------------|
| Agency Name     | Agency Code # |                |
| Mailing Address |               |                |
| City            | State         | Zip Code       |
| Telephone #     | Fax #         | E-Mail Address |

|   |
|---|
| Occupation _____  |
| Employer _____ Number of Years _____                          |
| Previous Carrier _____ Expiration Date _____                  |
| Construction: Masonry _____ Frame _____ Other _____           |
| What is the primary heat source? _____ Protection Class _____ |
| Miles from Fire Department _____ Feet from Fire Hydrant _____ |

| IF NO—DO NOT SUBMIT—UNACCEPTABLE RISK  |              |
|--|--------------|
| 1. Does the applicant have a one (1) year lease?   | Yes___ No___ |
| 2. Is the dwelling, apartment building, townhouse, rowhome or condominium well maintained?   | Yes___ No___ |
| 3. If the building is an apartment, townhouse, rowhome or condominium are there approved fire walls, dead bolt locks, security lighting and is it well maintained? | Yes___ No___ |
| 4. Does the applicant live in the apartment, townhouse, row home, condominium or dwelling full-time (all year)?  | Yes___ No___ |

| IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK  |              |
|---|--------------|
| 1. Is there a supplemental heating device?  | Yes___ No___ |
| 2. If the personal property limit requested is over \$20,000, was the risk uninsured for 10 or more days?               | Yes___ No___ |
| 3. Has the applicant had any fire, theft or liability loss or more than one (1) minor loss in the past three (3) years? | Yes___ No___ |

| <u>PREMIUM INCLUDES:</u>    |         |
|-----------------------------|---------|
| Replacement Cost            |         |
| \$25,000 Personal Liability |         |
| \$500 Medical Payments      |         |
| \$500 Deductible            |         |
| Personal Property           | Premium |
| 10,000                      | 152     |
| 15,000                      | 192     |
| 20,000                      | 230     |
| 25,000                      | 270     |
| 30,000                      | 308     |
| 35,000                      | 348     |
| 40,000                      | 386     |
| 45,000                      | 426     |
| 50,000                      | 466     |
| 55,000                      | 501     |
| 60,000                      | 536     |

| <u>CREDITS</u>                   |
|----------------------------------|
| \$1,000 Deductible—5% Credit     |
| \$2,500 Deductible—15% Credit    |
| Senior Credit—10%                |
| Applicant must be 50 or older    |
| <u>INCREASE LIABILITY</u>        |
| \$50,000—\$10                    |
| \$100,000—\$30                   |
| <u>INCREASE MEDICAL PAYMENTS</u> |
| \$1,000—\$5                      |

| <u>PAYMENT OPTIONS</u>           |
|----------------------------------|
| Payment in Full _____            |
| 2 Payments _____                 |
| 4 Payments _____                 |
| Credit Card Authorization—Page 2 |

| COVERAGE             | LIMIT | PREMIUM   |
|----------------------|-------|-----------|
| Personal Property    | \$    | \$        |
| Personal Liability   | \$    | \$        |
| Medical Payments     | \$    | \$        |
| Senior Credit        |       | \$        |
| Deductible           | \$    | \$        |
| <b>TOTAL PREMIUM</b> |       | <b>\$</b> |

In making this application for insurance, it is understood that an investigative report may be made regarding your credit and / or loss history. You have the right to make a written request to the reporting company within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

If undisclosed or false information is discovered and the information was material to the company accepting the risk, coverage will be NULL and VOID.

MINIMUM EARNED PREMIUM—\$50 (If insured requests mid-term cancellation)  
**THE LIABILITY EXCLUSIONS ON PAGE 3 MUST BE SIGNED**

|                                      |                 |
|--------------------------------------|-----------------|
| Applicant's Signature _____          | Date _____      |
| Producer's Signature _____           | Date _____      |
| Print Licensed Producer's Name _____ | License # _____ |

**GENERAL UNDERWRITING GUIDELINES**

1. APPLICATION—The application must be completed and signed by the applicant and subproducer—all questions must be answered. The signed and completed application must be mailed within three (3) days of the requested effective date.
2. CLUE—A clue report will be obtained on all risks with a personal property limit of \$30,000 or higher and if increased liability limits are requested. If undisclosed or false information is discovered and the information is material to the Company accepting the risk, coverage will be null and void.
3. ELIGIBILITY—Apartment, Townhouse or Condominium must be well maintained and have approved fire walls, dead bolt locks and security lighting.
4. ELIGIBILITY—Single Family Dwelling must be well maintained and not have unrepaired damage.
5. LEASE—The applicant must have a one (1) year lease.
6. UNINSURED—If the applicant has not had coverage for 10 or more days, the maximum personal property limit is—\$20,000.

**SUBMIT—DO NOT BIND**

1. TEMPORARY SUSPENSION—If there is a watch / warning for a tornado, hurricane, tropical storm, flood, earthquake, wildfire or any other natural disaster, coverage cannot be bound for new business, increased coverage on existing business, accept payment for lapsed policies or lower the deductible.
2. LOSSES / CLAIMS—If the insured had a loss over \$5,000 (other than fire, theft or liability) at any location in the past three (3).

**DO NOT SUBMIT—PROHIBITED RISK**

1. Risks that have any business on premises, including farming.
2. Applicants with a previous fire, theft or liability loss or more than one (1) minor loss at any location in the past three (3) years.
3. If the applicant has been uninsured for 10 or more days and is requesting personal property coverage in excess of \$20,000.
4. Risks with a supplemental heating device (Example: wood burning stove).
5. Risks with unrepaired damage.
6. Risks that have water damage from a leaking roof.
7. If the applicant does not have a one (1) year lease.

**MINIMUM EARNED PREMIUM—\$50**

If the insured requests mid-term cancellation, the policy will be cancelled on a short rate basis and is subject to the minimum earned premium shown on the declarations page. If the policy is cancelled by the Company the cancellation will be calculated on a pro rata basis and the minimum earned premium will not apply.

**LATE PAYMENT**

If a policy cancels for non payment of premium or if the renewal payment is not received before the expiration date and the policy lapses, upon Company approval, the policy will be rewritten the day after postmark. A new application is not necessary on a lapsed policy unless the Company requests one; however, if a new application is submitted on a lapsed policy the effective date will be the day after postmark. There is no grace period.

**PAYMENT OPTIONS IF PAYMENT IN FULL IS NOT REQUESTED**

| TWO PAYMENTS PLAN  | FOUR PAYMENTS PLAN  |
|--|---|
| ⇒ 50% due as a down payment, plus any applicable fees (policy fee, etc.) and the installment fee must be submitted with the original application | ⇒ 25% due as a down payment, plus any applicable fees (policy fee, etc.) and the installment fee, must be submitted with the original application |
| ⇒ 50% plus the installment fee—billed 90 days after the effective date and due 120 days after the effective date                                 | ⇒ 25% plus the installment fee—due 40 days after the effective date   |
|  | ⇒ 25% plus the installment fee—due 120 days after the effective date  |
|  | ⇒ 25% plus the installment fee—due 180 days after the effective date  |

**CREDIT CARD AUTHORIZATION**

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

Amount charged to the credit card \$ \_\_\_\_\_

Print name as it appears on the credit card \_\_\_\_\_

Print the mailing address of the payee if the payee is someone other than the applicant \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

I authorize Aegis Security Insurance Company to automatically bill the credit card listed above. By my signature, I hereby agree that any credit card transaction that is denied for any reason is not considered payment of premium and coverage will be NULL and VOID.

Applicant's or Payee's Signature \_\_\_\_\_

\_\_\_\_\_ Date

THE EXCLUSIONS LISTED BELOW ARE NOT THE ONLY EXCLUSIONS IN YOUR POLICY. PLEASE MAKE SURE YOU REVIEW YOUR POLICY WITH YOUR PRODUCER FOR OTHER EXCLUSIONS, SPECIAL LIMITS AND DEDUCTIBLES.

## TRAMPOLINE EXCLUSION

The following EXCLUSION applies to all coverages:

We do not pay for:

1. Any **bodily injury** or **property damage** arising out of any **occurrence** involving any trampoline owned by or in the care, custody or control of the insured or any member of the insured's family or household; or
2. Any other **loss** or expense arising out of any **occurrence** involving any trampoline owned by or in the care, custody or control of the insured or any member of the insured's family or household.

All other provisions of the policy apply.

I understand and agree to the terms of this endorsement and acknowledge this by my signature below:

Insured's Signature \_\_\_\_\_

Date \_\_\_\_\_

MHO-94 IL (3/08)

## ANIMAL INJURY EXCLUSION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

The following is added to **DEFINITIONS**:

“**Animal**” means a living organism capable of motion and sensation but excluding a human being.

The following is added to Section II—Exclusions:

Under Personal Liability Coverage and Medical Payments to Others Coverage **we do not cover Bodily Injury or Property Damage**:

Arising out of any occurrence caused by an **animal** including, but not limited to, a bite or scratch by an **animal**. This exclusion shall apply to both the obligation to pay damages and the obligation to defend an action alleging **bodily injury** or **property damage** caused by an **animal**.

I understand and agree to the terms of this endorsement and acknowledge this by my signature below:

Insured's Signature \_\_\_\_\_

Date \_\_\_\_\_

MHO-30 IL (3/08)

## EXCLUSION—SWIMMING POOL, SPA (HOT TUB) OR POND

**You** and **We** agree that the following provision is an additional exclusion under Section II—Exclusions

This insurance does not apply to “**bodily injury**”, “**property damage**” or medical payments to others:

arising out of the ownership, maintenance or use of a swimming pool, spa (hot tub) or pond.

I understand and agree to the terms of this endorsement and acknowledge this by my signature below:

Insured's Signature \_\_\_\_\_

Date \_\_\_\_\_

MHO-162 IL (3/08)