

INDIANA BRONZE AND SILVER HOMEOWNER APPLICATION

REQUESTED EFFECTIVE DATE:	REQUESTED EXPIRATION DATE:
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Applicant—Deeded Owner	Date of Birth	Social Security #	Telephone #
Co-Applicant—Deeded Owner	Date of Birth	Social Security #	Telephone #
Mailing Address	City	State	Zip Code County Territory
Location Address—If different than mailing address	City	State	Zip Code County Territory
Additional Insured	Mailing Address	City	State Zip Code

Mortgage Company	Loan #	Bill Mortgage Company @ Renewal: Yes___ No___
Mailing Address	City	State Zip Code

OCCUPANCY: Owner Occupied___ / Seasonal___

PROGRAM: Bronze Program___ / Silver Program___ (not available for seasonal)
If Rental or Vacant—Refer to the Dwelling Program

DWELLING: Year Built___ Square Feet___
Number of Stories___ Number of Families___
Purchase Date___ Purchase Price \$___

STYLE: American 4 Square___ Bungalow___ Bi or Split Level___
Colonial___ Contemporary___ Ranch___ Victorian___

EXTERIOR: Wood Siding___ Vinyl Siding___ Brick___ Stucco___
Brick Veneer___ Other (describe)___

QUALITY: Basic/Economic___ Modest/Fair___ Average/Standard___

ELECTRICAL: Electrical Update___ (Year)
Fuses___ Breaker Box___ Size of Service (amps)___

ROOF UPDATE: How old is the roof?___

ROOF TYPE: Composition Shingle___ Metal___ Asphalt Shingle___
Aluminum___ Rolled___ Slate___ Wood Shake___
Cedar Shake___ Flat___ Other___

PROTECTION: Miles from Fire Department___
Feet from Fire Hydrant___ Protection Class___

REQUESTED COVERAGE	LIMIT	PREMIUM
Dwelling	\$	\$
Personal Property	\$	\$
Other Structures	\$	\$
Personal Liability (Owner Occupied)	\$	\$
Premises Liability (Seasonal)	\$	\$
Medical Payments	\$	\$
Golf Cart Coverage	\$	\$
\$25,000 Swimming Pool Liability		\$
Supplemental Heat Surcharge		\$
Deadbolts, Smoke Alarms and Fire Extinguishers Credit	Must have all three for credit.	\$
Central Fire Alarm Credit		\$
Central Burglar Alarm Credit		\$
Local Fire and Burglar Alarm Credit		\$
Automatic Sprinkler Credit	Full___ Partial___	\$
NOTE: Maximum Credit—10%		
All Peril Deductible EXCEPT:	\$	\$
\$1,000 Wind / Tornado / Hurricane / Hail Deductible		
MINE SUBSIDENCE		\$
POLICY FEE		\$ 40.00
TOTAL PREMIUM		\$

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

1. Previous Carrier _____ Expiration Date _____

2. Occupation _____
Employer _____ Years Employed _____

3. Is the applicant the deeded owner? Yes ___ No ___
If no, what is the insurable interest? _____

4. Does the home have deadbolts at all entrance doors? Yes ___ No ___

5. Does the home have working smoke alarms? Yes ___ No ___

6. Does the home have working fire extinguishers? Yes ___ No ___

7. Does the home have a central station fire alarm? Yes ___ No ___

8. Does the home have a central station burglar alarm? Yes ___ No ___

9. Does the home have a local fire and burglar alarm? Yes ___ No ___

10. Is there a swimming pool on the premises? Yes ___ No ___
If yes, is it surrounded with a 4' stockade type fence with a locked gate? If no, swimming pool liability may not be purchased. Yes ___ No ___
If yes, is there a diving board or slide? If yes, swimming pool liability may not be purchased. Yes ___ No ___

IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK

1. Is the dwelling rented or vacant? Yes ___ No ___

2. Is the dwelling without utilities? Yes ___ No ___

3. Is the dwelling condemned? Yes ___ No ___

4. Is the dwelling under renovation or construction? Yes ___ No ___

5. Does the dwelling or any unattached structure have any damage that has not been repaired? Yes ___ No ___

6. Are there any liability hazards in the dwelling or on the premises? If yes, the risk must be written without liability coverage. Yes ___ No ___

7. Is there a business conducted on the premises? Yes ___ No ___

8. Has the applicant had any fire, theft or liability loss at any location in the past three (3) years? Yes ___ No ___

9. Is the dwelling used for student housing? Yes ___ No ___

10. Is there a kerosene heater in the dwelling or unattached structure? Yes ___ No ___

11. Has the applicant had more than two (2) other minor loss at any location in the past three (3) years? Yes ___ No ___

Note: If the applicant has had more than one (1) other minor loss the risk is ineligible for the Silver Program.

IF YES, SUBMIT—DO NOT BIND

1. Has the applicant been cancelled or nonrenewed? Yes ___ No ___
If yes, why? _____

2. Has the applicant failed to carry insurance for any period of time? Yes ___ No ___

3. Is there a supplemental heat source in the dwelling, attached, unattached structure or on the premises? Yes ___ No ___
If yes, what type? _____
If it is a wood, coal, pellet, etc. stove, an Aegis wood-stove report must be completed and submitted unbound for approval.

4. Does the applicant own or board any animal that has bitten or caused injury? If yes, the risk must be written with the animal injury exclusion and the applicant must sign the exclusion. Yes ___ No ___

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.

If the insured requests mid-term cancellation, the policy is subject to a
MINIMUM EARNED PREMIUM—\$100

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony."

Applicant's Signature Date

Licensed Producer's Signature Date

Print Licensed Producer's Name

Licensed Producer's License #

ADDITIONAL COMMENTS REGARDING THE RISK

<p>PAYMENT OPTIONS</p> <p>Payment in Full ___</p> <p>2 Payments ___</p> <p>4 Payments ___</p> <p>6 Payments ___</p> <p>8 Payments ___</p> <p>Credit Card Payment ___</p>	<p style="text-align: center;"><u>CREDIT CARD AUTHORIZATION</u></p> <p>VISA ___ MASTERCARD ___ AMOUNT CHARGED TO THE CREDIT CARD \$ _____</p> <p>PRINT NAME AS IT APPEARS ON THE CREDIT CARD _____</p> <p>CREDIT CARD # _____ EXPIRATION DATE _____</p> <p>I authorize Aegis Security Insurance Company to 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 not be provided.</p> <p>_____ Cardholder's Signature Cardholder's Telephone # Date</p>
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