



BEST RATING A

KENTUCKY HO-4 PROGRAM

Requested Effective Date:	Requested Expiration Date:
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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 ___

PREMIUM INCLUDES:	
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

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

PAYMENT OPTIONS
Payment in Full _____
2 Payments _____
4 Payments _____
Credit Card Authorization—Page 2

COVERAGE	LIMIT	PREMIUM
Personal Property	\$	\$
Personal Liability	\$	\$
Medical Payments	\$	\$
Senior Credit		\$
Deductible	\$	\$
Kentucky Surcharge		\$
Municipal Tax		\$
Collection Fee		\$
Total Premium		\$

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.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

MINIMUM EARNED PREMIUM—\$50 (If insured requests mid-term cancellation)

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 _____