

KENTUCKY BRONZE 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___
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%		
Deductible	\$	\$

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

MINE SUBSIDENCE	\$
INSPECTION FEE	\$ 35.00
KENTUCKY SURCHARGE	\$
MUNICIPAL TAX	\$
COLLECTION FEE	\$
TOTAL PREMIUM	\$

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 construction? Yes___ No___

5. Does the dwelling 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 more than one (1) fire, theft or liability loss or more than one (1) combination of fire, theft or liability or more than two (2) minor losses at any location in the past three (3) years? Yes___ No___

IF YES, SUBMIT—DO NOT BIND

1. Has the applicant been cancelled or nonrenewed? Yes___ No___
If yes, why? _____

2. Has the risk been uninsured for more than 10 days? 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. Has the applicant had a fire, theft or liability loss at any location in the past three (3) years? Yes___ No___

5. 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___

PLEASE READ AND SIGN BELOW

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**

“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.”

Applicant's Signature _____ Date _____

Licensed Producer's Signature _____ Date _____

Print Licensed Producer's Name _____

Licensed Producer's License # _____

ADDITIONAL INFORMATION / COMMENTS

PAYMENT OPTIONS

Credit Card Payment___ Payment in Full___ 2 Payments___

4 Payments___ 6 Payments___ 8 Payments___

CREDIT CARD AUTHORIZATION

VISA___ MASTERCARD___ AMOUNT CHARGED TO THE CREDIT CARD \$ _____

PRINT NAME AS IT APPEARS ON THE CREDIT CARD _____

CREDIT CARD # _____ EXPIRATION DATE _____

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.

Cardholder's Signature _____ Date _____