

WEST VIRGINIA 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 Liability Coverage Up to \$3500 Property 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		\$
All Peril Deductible EXCEPT:	\$	\$
1% of Coverage A or \$1,000 Wind / Tornado / Hurricane / Hail Deductible		
		MINE SUBSIDENCE \$
		STATE TAX—.55% \$
		TOTAL PREMIUM \$

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

COMPLETE PAGE 2
Underwriting Questions
Applicant's Signature / Producer's Signature & License #
Payment Options / Credit Card Authorization

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? If an unattached structure has damage that has not been repaired, the risk may be written with the building exclusion signed by the applicant. 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. Has the applicant had more than one (1) other minor loss at any location in the past three (3) years? Yes___ No___

10. Is the dwelling used for student housing? Yes___ No___

11. Is there a portable kerosene heater in the dwelling or unattached structure? Yes___ No___

12. Is the dwelling not visible from a paved road? Yes___ No___

IF YES, SUBMIT—DO NOT BIND

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

2. 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.

3. 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.

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Applicant's Signature Date

Licensed Producer's Signature Date

Print Licensed Producer's Name

DESCRIPTION OF OTHER STRUCTURE

PAYMENT OPTIONS

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 Cardholder's Telephone # _____ Date _____