

WEST VIRGINIA DWELLING APPLICATION

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|---------------------------|----------------------------|
| REQUESTED EFFECTIVE DATE: | REQUESTED EXPIRATION DATE: |
|---------------------------|----------------------------|

| | | | | | |
|--|-----------------|-------------------|-------------|----------|-----------|
| 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 ___ Rental ___ Vacant ___
If rental, tenant's name _____

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 ___
Manufactured Home ___ (vacant only—see page 2)

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 | \$ | \$ |
| Premises Liability | \$ | \$ |
| Medical Payments | \$ | \$ |
| Vandalism & Malicious Mischief— Not available for vacant risks | \$ | \$ |
| \$1,000 Limited Burglary— Owner Occupied and Seasonal only | | \$ |
| Outside Radio or Television Antenna | \$ | \$ |
| Supplemental Heat Surcharge | | \$ |
| Animal Injury Exclusion | | \$ |
| All Other Peril Deductible EXCEPT: | \$ | \$ |
| 1% or \$1,000 Windstorm, Tornado, Hurricane & Hail Deductible— Mandatory with All Other Perils Deductibles of less than \$2500 | | |
| | MINE SUBSIDENCE | \$ |
| | INSPECTION FEE | \$ 35.00 |
| | STATE TAX— | .55% \$ |
| | TOTAL PREMIUM | |

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

| |
|---------------------------|
| <u>PAGE 2</u> |
| Underwriting Questions |
| Applicant's Signature |
| Producer's Signature |
| Producer's License Number |
| Credit Card Authorization |

| |
|------------------------|
| <u>PAYMENT OPTIONS</u> |
| Payment in Full ___ |
| 2 Payments ___ |
| 4 Payments ___ |
| 6 Payments ___ |
| 8 Payments ___ |

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. Is the dwelling vacant? *If yes, answer questions below.* Yes ___ No ___
What is the reason the dwelling is vacant? _____
How long has the dwelling been vacant? _____
If the dwelling has been vacant for more than one (1) year,
the risk is ineligible for the dwelling program.
If the risk is a **vacant manufactured home** answer questions below:
Make _____ Model _____
Serial # _____ Length _____ Width _____

IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK

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

2. Is the dwelling condemned? Yes ___ No ___

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

4. Does the dwelling have any damage that has not been repaired? Yes ___ No ___

5. Does any unattached structure have damage that has not been repaired? If yes, the building exclusion must be signed for the damaged structure. 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 there a portable kerosene heater in the dwelling, in an unattached structure or on the premises? Yes ___ No ___

11. Is the dwelling used for student housing? 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 ___

DESCRIBE UNATTACHED STRUCTURES
Include description, length & width or square feet and value for each

ADDITIONAL INFORMATION / REMARKS REGARDING THE RISK

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.

It the insured requests mid-term cancellation, the cancellation will be calculated on a short rate basis and is subject to the minimum earned premium of \$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 _____ Producer's License # _____

CREDIT CARD AUTHORIZATION

VISA ___ MASTERCARD ___ AMOUNT CHARGED TO 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 _____