

**ILLINOIS 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: Year of Electrical Update\_\_\_ AMPS\_\_\_  
Fuses\_\_\_ Breaker Box\_\_\_ Other\_\_\_

ROOF UPDATE: How old is the roof?\_\_\_ Condition\_\_\_

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		\$
Earthquake—see page 2 for counties		\$
Supplemental Heat Surcharge		\$
Deadbolts, Smoke Alarms and Fire Extinguishers Credit	must have all three to qualify for credit	\$
Central Fire Alarm Credit		\$
Central Burglar Alarm Credit		\$
Local Fire and Burglar Alarm Credit		\$
NOTE: Maximum Credit—10%		
All Peril Deductible <u>Except</u> :		\$
Wind/Tornado/Hurricane/Hail Deductible—1% or \$1,000, whichever is greater		
		MINE SUBSIDENCE \$
		INSPECTION FEE \$ 40.00
		<b>TOTAL PREMIUM \$</b>

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

COMPLETE PAGE 2

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. Has the applicant had two (2) or more other minor losses at any location in the past three (3) years? Yes\_\_\_ No\_\_\_

10. Is the dwelling used for student housing? Yes\_\_\_ No\_\_\_

**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\_\_\_

**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.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Licensed Producer's Signature Date

\_\_\_\_\_  
Print Licensed Producer's Name

\_\_\_\_\_  
Producer's License #

**ADDITIONAL COMMENTS REGARDING THE RISK**

**EARTHQUAKE COVERAGE**

We are required to offer earthquake coverage in the following counties: Adams, Alexander, Bond, Calhoun, Clark, Clay, Clinton, Crawford, Edgar, Edwards, Franklin, Gallatin, Greene, Hamilton, Hardin, Jackson, Jasper, Jefferson, Jersey, Johnson, Lawrence, Macoupin, Madison, Marion, Massac, Monroe, Perry, Pike, Pope, Pulaski, Randolph, Richland, Saline, Scott, St. Clair, Union, Wabash, Washington, Wayne, White and Williamson.

**PAYMENT OPTIONS**

Payment in Full \_\_\_\_\_

2 Payments \_\_\_\_\_

4 Payments \_\_\_\_\_

6 Payments \_\_\_\_\_

8 Payments \_\_\_\_\_

Credit Card \_\_\_\_\_

**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 \_\_\_\_\_

**SIGNATURES ARE REQUIRED FOR THE EXCLUSIONS / LIMITATIONS LISTED ON PAGE 3, 4 AND 5; HOWEVER, THESE ARE NOT THE ONLY EXCLUSIONS / LIMITATIONS IN YOUR POLICY. PLEASE REVIEW YOUR POLICY WITH YOUR BROKER FOR OTHER EXCLUSIONS, SPECIAL LIMITATIONS, DEFINITIONS, ETC.**

**ACKNOWLEDGEMENT OF CERTAIN EXCLUSIONS**

This policy includes exclusions for trampolines, all terrain vehicles (ATV), swimming pools (unless separate coverage is purchased), spas (hot tubs) and ponds.

**We will not pay for bodily injury or property damage:**

arising out of any **occurrence**, including allegations of negligent supervision, involving any all terrain vehicles or other off-road vehicles. **We will not defend you** with respect to any claim or suit seeking such damages; arising out of any **occurrence**, including allegations of negligent supervision, involving any trampoline. **We will not defend you** with respect to any claim or suit seeking such damages; or arising out of the ownership, maintenance or use of a swimming pool, spa (hot tub) or pond including any allegations of negligent supervision. **We will not defend you** with respect to any claim or suit seeking such damages.

All other terms and conditions of this policy remain unchanged.

I understand and agree to the terms and acknowledge this by my signature below:

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

HH-35 (6/09)

**MINE SUBSIDENCE  
WAIVER OF COVERAGE FORM - ILLINOIS**

We are required by law to offer Mine Subsidence Insurance to our eligible insureds residing in the following counties:

<b>Bond</b>	<b>Gallatin</b>	<b>McDonough</b>	<b>Montgomery</b>	<b>Saline</b>
<b>Bureau</b>	<b>Grundy</b>	<b>Macoupin</b>	<b>Peoria</b>	<b>Sangamon</b>
<b>Christian</b>	<b>Jackson</b>	<b>Madison</b>	<b>Perry</b>	<b>Tazewell</b>
<b>Clinton</b>	<b>Jefferson</b>	<b>Marion</b>	<b>Putnam</b>	<b>Vermillion</b>
<b>Douglas</b>	<b>Knox</b>	<b>Marshall</b>	<b>Randolph</b>	<b>Washington</b>
<b>Franklin</b>	<b>La Salle</b>	<b>Menard</b>	<b>Rock Island</b>	<b>Williamson</b>
<b>Fulton</b>	<b>Logan</b>	<b>Mercer</b>	<b>St. Clair</b>	

You may elect to waive coverage. If choosing to waive coverage, please sign and date below.

I elect to waive coverage for mine subsidence.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Insured's Name

HH-105IL (6/09)

**SIGNATURES ARE REQUIRED FOR THE EXCLUSIONS / LIMITATIONS LISTED ON PAGE 3, 4 AND 5; HOWEVER, THESE ARE NOT THE ONLY EXCLUSIONS / LIMITATIONS IN YOUR POLICY. PLEASE REVIEW YOUR POLICY WITH YOUR BROKER FOR OTHER EXCLUSIONS, SPECIAL LIMITATIONS, DEFINITIONS, ETC.**

**ACKNOWLEDGEMENT OF ANIMAL INJURY LIMITATION**

This policy includes an animal injury limitation.

**We** will not pay more than \$10,000 for any claim made or suit brought against any **insured** for **bodily injury** or **property damage** caused by any animal owned by, or in the care or custody of any **insured**.

This limit is the maximum **we** will pay for any one **occurrence**.

All other terms and conditions of this policy remain unchanged.

I understand and agree to the terms and acknowledge this by my signature below:

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

HH-33 (6/09)

**SIGN THE ANIMAL INJURY EXCLUSION BELOW ONLY IF YOU OWN OR BOARD AN ANIMAL THAT HAS BITTEN. IF YOU SIGN THE ANIMAL INJURY EXCLUSION, DO NOT SIGN THE \$10,000 ANIMAL INJURY LIMITATION.**

**ANIMAL INJURY EXCLUSION**

Under **SECTION II - LIABILITY COVERAGES**, item 1. a. is deleted and replaced by the following:

**VI. SECTION II - LIABILITY COVERAGES**

1. **Coverage E - Personal Liability**

If a claim is made or a suit is brought against any **insured** for damages because of **bodily injury** or **property damage** caused by an **occurrence** to which this coverage applies, **we** will:

- a. pay up to **our** limit of liability for the damages for which the **insured** is legally liable.

Under **SECTION II - Exclusions**, 2. **Coverage E - Personal Liability**, exclusion i. is deleted and replaced with the following:

**VII. SECTION II - EXCLUSIONS**

2. **Coverage E - Personal Liability does not apply to:**

- i. **bodily injury** or **property damage** arising out of any **occurrence** caused by an animal including, but not limited to, a bite or scratch by an animal. This exclusion shall apply to both the obligation to pay damages and the obligation to defend an action alleging **bodily injury** or **property damage** caused by an animal.

All other terms and conditions of this policy remain unchanged.

I understand and agree to the terms of this endorsement and acknowledge this by my signature below:

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Insured's Name

HH-31 (8/08)



## Aegis Security Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### WINDSTORM/TORNADO/HURRICANE AND HAIL DEDUCTIBLE

It is understood and agreed that a 1% of Coverage A or \$1,000 deductible, whichever is greater, is applicable to all windstorm, tornado, hurricane or hail **losses** as coverage is afforded in the homeowners policy under **Perils Insured Against**.

All other provisions of the policy apply.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Insured's Signature

## ILLINOIS IMPORTANT POLICYHOLDER NOTICE

Aegis Security Insurance Company is in compliance with Illinois Act (750 ILCS 75/1). The Act, which became effective on June 1, 2011, creates a legal relationship between two persons of the same or opposite sex who form a civil union.

The Act provides that the parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Illinois to spouses. The law further provides that a party to a civil union shall be included in any definition or use of the terms "spouse," "family," "immediate family," "dependent," "next of kin," and other terms descriptive of spousal relationships as those terms are used throughout Illinois law. This includes the terms "marriage" or "married." or variations thereon. If policies of insurance provide coverage for children, the children of civil unions will also be provided coverage. The Act also requires recognition of civil unions or same sex civil unions or marriages legally entered into in other jurisdictions.