



**Aegis Security Insurance Company**

**ILLINOIS DWELLING APPLICATION**

REQUESTED EFFECTIVE DATE:	REQUESTED EXPIRATION DATE:
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Applicant—Deeded Owner	Date of Birth	Social Security #	Telephone #
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Co-Applicant—Deeded Owner	Date of Birth	Social Security #	Telephone #
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Mailing Address	City	State	Zip Code	County	Territory
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Location Address—If different than mailing address	City	State	Zip Code	County	Territory
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Additional Insured	Mailing Address	City	State	Zip Code
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Mortgage Company	Loan #	Bill Mortgage Company @ Renewal: Yes___ No___
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Mailing Address	City	State	Zip Code
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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— Owner Occupied and Seasonal only	\$	\$
\$1,000 Limited Burglary— Owner Occupied and Seasonal only		\$
Outside Radio or Television Antenna	\$	\$
Earthquake—See Page 2 for Counties		\$
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	\$ 40.00
	TOTAL PREMIUM	\$

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

PAGE 2

Underwriting Questions  
Earthquake Counties  
Applicant's Signature  
Producer's Signature / Producer's License #  
Credit Card Authorization

PAYMENT OPTIONS

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 the dwelling used for student housing? Yes \_\_\_ No \_\_\_

11. 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. 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 \_\_\_

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 License #

**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.

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

IF LIABILITY COVERAGE IS REQUESTED THE EXCLUSIONS ON PAGE 3 MUST BE SIGNED FOR COVERAGE TO BE CONSIDERED BOUND. THE EXCLUSIONS LISTED ON PAGES 3 AND 4 ARE NOT THE ONLY EXCLUSIONS IN YOUR POLICY. PLEASE REVIEW YOUR POLICY WITH YOUR BROKER FOR OTHER EXCLUSIONS, SPECIAL LIMITS, DEDUCTIBLES, DEFINITIONS, ETC.

#### EXCLUSION - SWIMMING POOL, SPA (HOT TUB) OR POND

The following **EXCLUSION** applies to all liability coverages:

We do not pay for:

Any "**bodily injury**" or "**property damage**" arising out of any "occurrence" involving any swimming pool, spa (hot tub) or pond owned by, or in the care, custody, or control of the "insured" or any member of the insured's family or household.

All other provisions of this policy apply.

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

\_\_\_\_\_  
Date

ADF-175 (6/09)

#### ALL TERRAIN VEHICLE EXCLUSION

The following **EXCLUSION** applies to all coverages:

We do not pay for:

Any "**bodily injury**" or "**property damage**" arising out of any "occurrence" involving any all terrain vehicle owned by, or in the care, custody, or control of the "insured" or any member of the insured's family or household; or

Any other loss or expense arising out of any "occurrence" involving any all terrain vehicle owned by, or in the care, custody, or control of the "insured" or any member of the insured's family or household.

All other provisions of this policy apply.

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

\_\_\_\_\_  
Date

A3005 (9/99)

#### SPECIAL LIMIT FOR ANIMAL LIABILITY

##### SECTION II - LIABILITY COVERAGE

##### PREMISES LIABILITY COVERAGE:

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

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

All other provisions of the policy apply.

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

\_\_\_\_\_  
Date

ADF-171L (6/09)

#### TRAMPOLINE EXCLUSION

The following **EXCLUSION** applies to all coverages:

We do not pay for:

Any "**bodily injury**" or "**property damage**" arising out of any "occurrence" involving any trampoline owned by, or in the care, custody, or control of the "insured" or any member of the insured's family or household; or

Any other loss or expense arising out of any "occurrence" involving any trampoline owned by, or in the care, custody, or control of the "insured" or any member of the insured's family or household.

All other provisions of this policy apply.

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

\_\_\_\_\_  
Date

A-3007 (9/99)

**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

ADF-196IL (6/09)

**THE ANIMAL INJURY EXCLUSION SHOWN BELOW SHOULD BE SIGNED ONLY IF THE INSURED OWNS OR BOARDS AN ANIMAL THAT HAS CAUSED BODILY INJURY.**

**ANIMAL INJURY EXCLUSION**

Under ADF-4IL, Premises Liability Endorsement, **VI. EXCLUSIONS**, 1. (i) is added as follows:

1. Under Premises Liability Coverage and Medical Payments to Others Coverage **we** do not cover "**Bodily Injury**" or "**Property Damage**":

- (i) 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.

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

\_\_\_\_\_  
Date

ADF-22IL (6/09)

# AEGIS GROUP

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **1% of Coverage A or \$1,000 WINDSTORM, TORNADO, HURRICANE AND HAIL DEDUCTIBLE**

It is understood and agreed that the greater of the 1% of Coverage A or \$1,000 deductible for Windstorm, Tornado, Hurricane or Hail Deductible is applicable to all windstorm, tornado, hurricane or hail losses as coverage is afforded in the ADF Policy.

All other provisions of the policy apply.

\_\_\_\_\_  
Named Insured(s) Signature  
Acceptance of Above Terms

\_\_\_\_\_  
Date

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

ADF-206 (7-10)

## **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.