

UNDERWRITING QUESTIONS All questions must be answered. (Explain any YES answers in "Remarks" below.)

- | | | | |
|---|--------------------------|--------------------------|---|
| | YES | NO | |
| 1. Does the home have a supplemental heating device? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Is the applicant unemployed other than disabled or retired? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 3. Has the applicant filed for bankruptcy in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 4. Has the applicant had any similar insurance declined, canceled or non-renewed? (Not applicable in MO or MN). | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Submit for approval |
| 5. Has the dwelling gone uninsured for more than 30 days? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Submit for approval |
| 6. Is there an unfenced pool on premises? (unfenced includes fences less than 4 feet in height or with no locking gate) | <input type="checkbox"/> | <input type="checkbox"/> | Policy MUST be submitted without liability |
| 7. Does the applicant own any large, unusual or vicious animals? (includes pitbulls, rottweilers, dobermans, chows, wolf hybrids, any exotic animals) | <input type="checkbox"/> | <input type="checkbox"/> | Policy MUST be submitted with Animal Liability Exclusion; or written without Liability |
| 8. Is the home located on a site with prior occurrences of brushfires, landslides or flooding? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 9. Is the home located on an island, or within a 1000 feet of a river or seacoast? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 10. Is the home supported on raised poles or pilings? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 11. Is the home under construction, undergoing renovations that require the home to be vacated, or not connected to utility services? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 12. Is income derived from a commercial, farming or business operation on the premises? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 13. Is the home vacant? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 14. Is the home under foreclosure? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 15. Does the home have more than two lienholder mortgagees? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 16. Does the home have an individual lienholder mortgagee? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 17. Has the applicant had ANY Fire, Theft, Liability, Water and/or Flood loss in the last three (3) years? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Submit for approval |
| 18. Has the applicant had two (2) or more Fire, Theft, Liability, Water and/or Flood losses, in any combination, in the last three (3) years? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 19. Has the applicant had three (3) or more property losses in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | Do Not Bind / Do Not Submit |
| 20. Are there any attached or unattached structures on the premises? | <input type="checkbox"/> | <input type="checkbox"/> | List structures below |
| 21. Was the supplemental heating device installed by someone other than the home manufacturer or a licensed contractor? (disregard if you answered 'No' to question #1) | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please submit with complete Heating Source Questionnaire #U0884 and two photographs |

LOSS HISTORY - MUST LIST ALL OF APPLICANT'S LOSSES FOR THE LAST THREE YEARS.

Date of Loss	Cause	Description (If none, write "None")	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STRUCTURES ATTACHED TO THE HOME

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

STRUCTURES ON PREMISES (Including Satellite Antenna) NOT ATTACHED TO THE HOME

Description	Construction Type	Size	Age	Actual Cash Value	Replacement Cost

If additional insured, provide information in "Remarks" section below.

REMARKS

ANIMAL LIABILITY SUBLIMIT DISCLOSURE

If your policy contains coverage for personal liability, we will pay no 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, custody, or control of, any insured person. This limit is the maximum we will pay for any one occurrence. Review your policy and endorsements for additional information.

STATEMENT OF INSPECTION INQUIRY

As a part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be provided upon written request. In connection with this application for insurance, we may review your credit report or obtain a credit based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

BINDER PROVISIONS

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as is used by the Company in the state where the risk is located. This binder shall terminate automatically at the earliest of (1) 30 days from the effective date, (2) immediately on notice of cancellation by the named insured or the Company, or (3) on its effective date if replaced by a policy with an effective date the same date as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect. **IS COVERAGE BOUND?** YES NO

SIGNATURES

I hereby declare that to the best of my knowledge and belief all information and statements above are true and complete. These facts and statements are offered as an inducement to the Company to issue the Policy. I understand that I am or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the Company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject me to civil damages.

Agent's Name (Print or Type) _____	Agent's License Identification No. _____
Agent's Signature _____	Date _____
Applicant's Signature _____	Date _____