

SPECIALTY UNDERWRITERS GROUP
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BEST RATING A

INDIANA UNOCCUPIED DWELLING PROGRAM

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

| | | | |
|------------------|---------------|-------------------|---------------------------|
| Applicant | Date of Birth | Social Security # | Telephone # |
| Co-Applicant | Date of Birth | Social Security # | Telephone # |
| Mailing Address | City | State | Zip Code County |
| Location Address | City | State | Zip Code County Territory |

| | | |
|------------------|--------|--|
| Mortgage Company | Loan # | Bill the Mortgage Company at Renewal: Yes ___ No ___ |
| Mailing Address | City | State Zip Code |

DWELLING: Year Built _____ Square Feet _____
Number of Units _____ Number of Stories _____
Purchase Date _____ Purchase Price \$ _____
Actual Cash Value \$ _____
Expected value of completed renovations \$ _____

STYLE: American 4 Square ___ Bungalow ___ Bi or Split Level ___
Colonial ___ Contemporary ___ Ranch ___ Victorian ___
Manufactured Home ___ (complete mh information—page 2)

EXTERIOR: Wood Siding ___ Vinyl Siding ___ Brick ___ Stucco ___
Masonry ___ Masonry Veneer ___ Other _____

QUALITY: Basic/Economic ___ Modest/Fair ___ Average/Standard ___

ELECTRICAL: Electrical Update _____ (Year) Knob & Tube Wiring ___
Fuses ___ Breaker Box ___ Size of Service (amps) _____

ROOF UPDATE: Year of Roof Update _____

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 _____

| 3 MONTH PROPERTY RATES per \$100 | | | |
|--|--|----------------|-------------|
| Dwelling, Personal Property and Other Structures | | | |
| Deductible: \$500 Named Peril / \$1,000 Vandalism & Malicious Mischief | | | |
| Territory | Counties / Cities | No Renovations | Renovations |
| Territory 1 | Cities of Gary, Indianapolis, Ft. Wayne and South Bend | \$0.50 | \$0.63 |
| Territory 2 | Counties of Allen, Lake, Marion and St. Joseph | \$0.38 | \$0.44 |
| Territory 3 | Remainder of State | \$0.25 | \$0.31 |

| OPTIONAL DEDUCTIBLES | |
|--|--|
| Do not apply credit to premises liability premium | |
| \$1,000 Named Peril (5% credit of total property premium) | |
| \$2,500 Named Peril (10% credit of total property premium) | |

| 3 MONTH PREMISES LIABILITY RATES | | |
|---------------------------------------|------------------------|---------------------|
| Premises Liability / Medical Payments | No Renovations Premium | Renovations Premium |
| \$ 50,000 / \$1,000 | \$10.00 | \$20.00 |
| \$100,000 / \$1,000 | \$30.00 | \$40.00 |
| \$300,000 / \$1,000 | \$50.00 | \$60.00 |

MAXIMUM TOTAL INSURED VALUE FOR DWELLING, PERSONAL PROPERTY AND OTHER STRUCTURES—\$125,000

| | |
|--------------------------|----------------------|
| Agency Name | Agency Code # |
| Street Address or PO Box | |
| City | State Zip Code |
| Telephone # | Fax # E-Mail Address |

| COVERAGE SELECTION | LIMIT | PREMIUM |
|--|-------------------------------|---------|
| Dwelling—including renovations if applicable | \$ | \$ |
| Personal Property | \$ | \$ |
| Other Structures—must be described on pg 2 | \$ | \$ |
| Total Property Premium | | \$ |
| Deductible | \$ | \$ |
| Sub Total | | \$ |
| Premises Liability / Med Pay | \$ | \$ |
| Total Premium | | \$ |
| 6 Month Policy—rates above X 2 | MINIMUM WRITTEN PREMIUM—\$100 | |
| 12 Month Policy—rates above X 4 | PREMIUM MUST BE PAID IN FULL | |

Previous Carrier _____ Expiration Date _____
 Occupation _____
 Employer _____ Years Employed _____
 Why is the dwelling unoccupied? _____

- Will the dwelling be undergoing any renovations during the policy term? If yes, use renovation rate. Yes No
- Was the property purchased within the past year? Yes No
- Is the home a manufactured home? Yes No
 If yes, is the manufactured home on a permanent foundation, skirted and tied down? If no, do not submit—unacceptable risk. Yes No
 Year _____ Length _____ Width _____
 Make _____ Model _____
 Serial # _____

IF YES—SUBMIT—DO NOT BIND

- Has the applicant failed to carry insurance for more than 10 days? Yes No
- If the dwelling is not under renovation, is there any unrepaired damage? Describe the damage below. Yes No

IF NO—DO NOT SUBMIT—UNACCEPTABLE RISK

- Is the dwelling's electrical system solely equipped with functioning circuit breakers? Yes No
- Is the building locked / secured to prevent unauthorized entry? Yes No
- Is the dwelling four (4) units or less? Yes No
- Is the heat maintained or is the dwelling winterized? Yes No

IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK

- Has the applicant had any fire, theft or liability loss at any location in the past three (3) years? Yes No
- Has the applicant had more than one (1) other loss at any location in the past three (3) years? Yes No
- Has the dwelling been vacant for more than three (3) years? Yes No
- Is the dwelling being moved or intended for demolition? Yes No
- Has the dwelling been condemned? Yes No
- Is this building undergoing or in the process of new construction? Yes No
- Is the dwelling a condominium? Yes No
- Are there any hazardous liability exposures? If yes, the risk may be written without liability coverage. Yes No
- Is the applicant behind in mortgage payments on any property? Yes No
- Has the applicant filed for bankruptcy within the past five (5) years? Yes No
- Are kerosene or portable space heaters used? Yes No
- Is the dwelling a log home? Yes No
- Is the dwelling attached to, occupied as or converted from a commercial risk? Yes No

COMPLETE IF OTHER STRUCTURES COVERAGE IS REQUESTED

Describe (garage, shed, etc.) _____
 Year structure was built or purchased _____ Length _____ Width _____
 Purchase Price \$ _____ Purchase Date _____
 Construction: Frame Masonry

PHOTO REQUIREMENT: Coverage is not considered bound if two (2) clear photos of the front and back of the dwelling and payment in full are not submitted with the completed and signed application.

IF CANCELLATION IS REQUESTED: If the policy is cancelled at the request of the insured, a 3 month policy premium will be fully earned, a 6 month policy premium will be 50% earned and a 12 month policy premium will be calculated on a short rate basis, subject to the minimum earned premium. If the policy is cancelled by the company the cancellation will be calculated on a pro rata basis.

Non-Sufficient Funds—\$25 will be charged for all checks returned for non-sufficient funds.
Late Fee—\$10 will be applied to all payments received after the cancellation date or expiration date including but not limited to when a rewrite of a cancelled or expired policy is approved by an underwriter and the payment is used to rewrite coverage with a lapse.
Convenience Fee—A \$5.00 fee will be applied when a payment is made by phone or via the web.

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 _____

PLEASE READ AND SIGN

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.

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony."

Applicant's Signature _____ Date _____
 Licensed Producer's Signature _____ Date _____
 Print Licensed Producer's Name _____ Producer's License # _____



INDIANA UNOCCUPIED DWELLING UNDERWRITING GUIDELINES

GENERAL UNDERWRITING GUIDELINES

1. APPLICATIONS—All questions must be answered on the application, the risk must meet the underwriting guidelines, the application must be signed by the insured and the licensed producer in the agency and the application must be mailed within ten days of the effective date before coverage is considered bound.
2. C.L.U.E. REPORT—Will be obtained on all risks to verify claims history.
3. TOTAL INSURED VALUE—The maximum limit for the dwelling, personal property and unattached structures per risk—\$125,000.
4. TRANSFER—A policy may not be transferred to a new owner. A new application for the new owner is required.
5. PERSONAL PROPERTY—If the risk is in an estate name the maximum personal property limit is 30% of Coverage A. If the risk is not in an estate or trust name the maximum personal property limit is \$10,000.
6. OTHER STRUCTURES—Must be listed / described and a premium charged to be covered.
7. The reason the dwelling is temporarily vacant must be for one of the following reasons:
 - dwelling is between tenancy or real estate closing
 - dwelling is for sale and has been on the market for less than one (1) year
 - dwelling is under renovation
 - dwelling is in an estate or trust name
8. PHOTOS—Two (2) photos, one of the front and one of the back of the dwelling, must be submitted with the application.

SUBMIT—DO NOT BIND

1. UNINSURED—If the applicant failed to carry insurance for more than 10 days.
2. EXISTING DAMAGE—If the dwelling has damage that has not been repaired. Does not apply if the dwelling is under renovation and the renovation rate has been charged.

DO NOT SUBMIT UNDER ANY PROGRAM—UNACCEPTABLE RISK

1. If the dwelling is condemned.
2. If the dwelling is intended for demolition or being moved.
3. If any other structure has damage that has not been repaired, other structure coverage may not be purchased.
4. If there are any hazardous liability exposures the risk is unacceptable unless written with no liability coverage.
5. If kerosene or portable space heaters are used.
6. If the heat is not maintained or if the dwelling is not winterized.
7. If the dwelling's electrical system is not solely equipped with functioning circuit breakers.
8. If the dwelling is not in average to better condition or if it is not properly maintained. Does not apply if the dwelling is under renovation and the renovation rate has been charged.
9. If the dwelling is a condominium, rowhome or townhouse.
10. If the dwelling is a log home.
11. If the risk is not visible from a paved road.
12. If the dwelling has been vacant for more than three (3) years.
13. If the dwelling is undergoing or in the process of new construction.
14. If the applicant is behind in the mortgage payments.
15. If the applicant filed for bankruptcy in the past five (5) years.
16. If the dwelling is attached to, occupied as or converted from a commercial risk.
17. If the dwelling is not locked / secured to prevent unauthorized entry.
18. If the dwelling is not 4 or less units.
19. If the insured does not live in the state that the risk is located, the risk is unacceptable.
20. If the risk has knob and tube wiring.
21. CLAIMS / LOSSES:
 - If the applicant had any fire, theft or liability loss at any location in the past three (3) years.
 - If the applicant had more than one (1) other minor loss at any location in the past three (3) years.
 - If the applicant has a loss that is unresolved or open with a previous carrier.

TERRITORY DEFINITIONS

Territory 1—Cities of Gary, Indianapolis, Ft. Wayne and South Bend

Territory 2—Counties of Allen, Lake, Marion and St. Joseph

Territory 3—Remainder of State

LATE PAYMENT

If a renewal payment is not received before the expiration date, upon Company approval, the policy will be rewritten the day after postmark. A new application is not necessary on a lapsed policy unless the Company requests one; however, if a new application is submitted on a lapsed policy, the effective date will be the day after postmark. THERE IS NO GRACE PERIOD.

January 2011