

INDIANA 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address	City	State Zip Code

OCCUPANCY: Occupied by applicant on a full-time basis? Yes No
Occupied by applicant as secondary home? Yes No

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 Log
 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 _____

SELECT PROGRAM: <input type="checkbox"/> Bronze Program <input type="checkbox"/> Silver Program		
REQUESTED COVERAGE	LIMIT	PREMIUM
Dwelling	\$	\$
Personal Property	\$	\$
Other Structures	\$	\$
Personal Liability (Owner Occupied)	\$	\$
Premises Liability (Seasonal)	\$	\$
Medical Payments	\$	\$
Golf Cart Coverage	number of golf carts _____	\$
Physical Damage—max \$3500 Liability—\$25,000		
\$25,000 Swimming Pool Liability		\$
Supplemental Heat Surcharge		\$
Deadbolts, Smoke Alarms and Fire Extinguishers Credit	must have all three for credit	\$
Central Fire Alarm Credit		\$
Central Burglar Alarm Credit		\$
Local Fire and Burglar Alarm Credit	10% maximum credits for all protective devices	\$
All Peril Deductible EXCEPT:	\$	\$
Wind / Tornado / Hurricane / Hail Deductible—1% or \$1,000, whichever is greater		
		POLICY FEE \$ 40.00
		MINE SUBSIDENCE \$
		TOTAL PREMIUM \$

Agency Name	Agency Code #
Mailing Address	
Telephone #	Fax # E-mail address

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Underwriting Questions Applicant's Signature Producer's Signature & License # Credit Card Authorization

PAYMENT OPTIONS
<input type="checkbox"/> Payment in Full <input type="checkbox"/> 2 Payments <input type="checkbox"/> 4 Payments <input type="checkbox"/> 6 Payments <input type="checkbox"/> 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. 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? If an unattached structure has damage that has not been repaired, the risk may be written with the building exclusion signed by the applicant. 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 or more than one (1) other loss at any location in the past three (3) years or an open / unresolved claim with a previous carrier. Yes No

9. Is the dwelling used for student housing? Yes No

10. Is there a portable kerosene heater in the dwelling or unattached structure? 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.
If yes, is the supplemental heat source the only means of heating the home? If yes, DO NOT SUBMIT. Yes No

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

5. Are there any unusual property exposures? If yes, describe. 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.

MINIMUM EARNED PREMIUM—\$100. If the insured requests mid-term cancellation, the policy will be cancelled on a short rate basis and is subject to the minimum earned premium.

Applicant's Signature Date

Licensed Producer's Signature Date

Print Licensed Producer's Name

Licensed Producer's License #

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 Date

Cardholder's Telephone #