

KENTUCKY DWELLING APPLICATION

REQUESTED EFFECTIVE DATE:	REQUESTED EXPIRATION DATE:
---------------------------	----------------------------

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 ___ 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 Theft— Owner Occupied and Seasonal only		\$
Satellite Dish and Antenna	\$	\$
Supplemental Heat Surcharge		\$
Automatic Sprinkler System Credit		\$
Animal Injury Exclusion		\$
Deductible	\$	\$
MINE SUBSIDENCE		\$
INSPECTION FEE		\$ 35.00
KENTUCKY SURCHARGE		\$
MUNICIPAL TAX		\$
COLLECTION FEE		\$
TOTAL PREMIUM		\$

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

PAYMENT OPTIONS		
Credit Card Payment ___	Payment in Full ___	2 Payments ___
4 Payments ___	6 Payments ___	8 Payments ___
CREDIT CARD AUTHORIZATION—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. 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? Yes ___ No ___

4. Does the dwelling have any damage that has not been repaired? Yes ___ No ___

5. Are there any liability hazards in the dwelling or on the premises? *If yes, the risk must be written without liability coverage.* Yes ___ No ___

6. Is there a business conducted on the premises? Yes ___ No ___

7. Has the applicant had any fire, theft or liability loss at any location in the past three (3) years? Yes ___ No ___

8. Has the applicant had more than one (1) other minor loss at any location in the past three (3) years? 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.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Applicant's Signature _____ Date _____

Licensed Producer's Signature _____ Date _____

Print Licensed Producer's Name _____ License # _____

If the **insured requests** mid-term cancellation, the policy is subject to a
MINIMUM EARNED PREMIUM—\$100

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.

Card Holder's Signature _____ Date _____