

PROPERTY INFORMATION

- 1. If vacant, how long has dwelling been vacant? _____
- 2. If seasonal or short-term rental, is there a caretaker or property manager? Yes No
- 3. If vacant, seasonal or short-term rental, how often is dwelling checked on? _____
- 4. Was dwelling inspected by agent? Yes No
Comments: _____
- 5. Does agent recommend risk? Yes No
Comments: _____
- 6. Is there a swimming pool? Yes No
If yes:
Fenced? Yes No
Locking Gate? Yes No
- 7. Year of Construction: _____ Square Feet: _____ Cost per square foot: \$ _____
Year of building update in:
 Wiring: Year _____ Full Partial Type: Knob & Tub Fuses Circuit Breakers
 Roofing: Year _____ Full Partial Type: _____
 Plumbing: Year _____ Full Partial
 Heating & Air Conditioning: Year _____ Full Partial
 Hurricane Straps: Yes No (Applicable in Florida only)
Physical condition of buildings: _____
- 8. Fire Protection Class: _____ Fire District: _____ E.C. Class: _____
Distance from coastal water (Includes an ocean, gulf, bay or sound): _____
Distance to hydrant: _____
Distance to fire station (Indicate miles): _____
- 9. Primary source of heat: _____
- 10. Is there a wood stove on premises? Yes No
If wood burning stove, attach completed questionnaire and photo.
- 11. Is dwelling under construction or being renovated? Yes No
If yes, name of licensed contractor: _____
Number of years experience: _____ Project completion date: _____
Extent of renovation: _____
- 12. Applicant's occupation(s): _____
Applicant's phone number: _____
- 13. Are any business pursuits conducted on the premises? Yes No
If yes, describe: _____

- 14. Any animals? Yes No
If yes, any bite/aggressive behavior history? Yes No
If yes, describe: _____

15. Acreage? Yes No

If yes, number of acres: _____ Usage: _____

16. Has any company canceled or refused coverage to the applicant (not applicable in Missouri or California)? Yes No

Comments: _____

17. Previous insurance carrier: _____

Policy number: _____ Expiration date: _____

If no previous carrier, why (not applicable in Missouri or California)? _____

18. Any losses at this location or any other location owned/rented within the last three years? Yes No

If yes, provide details: _____

19. Any bankruptcy or foreclosure proceedings filed? Yes No

Reason: _____

Opened Closed Date Closed: _____

ATTACH PHOTO WITH COMPLETED APPLICATION.

NOTICES AND FRAUD WARNINGS

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Coverage will become effective, if accepted, upon written notice by Mutual Insurance Services and coverage will not commence earlier than the date received in the office of Mutual Insurance Services.

Applicant Statement: I understand that the amount of insurance applied for represents the current structure(s) described on this form. Any modifications, improvements, new construction or alterations made hereafter will not be considered covered until I have properly notified Mutual Insurance Services and the coverage limits have been reviewed and endorsed as necessary.

Applicant/Producer Statement: I hereby state I have been unable to procure the above requested coverage from standard insurers. I request Mutual Insurance Services to effect coverage and will be responsible for payment of premium, fees and taxes. I understand coverage will not be effective until accepted by Mutual Insurance Services and flat cancellations are not permitted. I warrant all above answers to be true and understand coverage, if accepted, will become void at any time the covered property has been vacant or unoccupied for more than 30 days, unless issued has a vacant risk:

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

PRODUCERS NAME: _____ AGENT CODE: _____
(Please print)

Forward completed application to:

MUTUAL INSURANCE SERVICES
PO Box 6109
Federal Way, WA 98063-6109
1-800-247-5851, Fax 1-877-329-9647
www.mutualins.com

You can e-mail the completed application to personal@mutualins.com for a quote.