



**MUTUAL INSURANCE SERVICES**  
 PO Box 6109  
 Federal Way, WA 98063-6109  
 Phone 1-800-247-5851, (253) 941-4099  
 Fax 1-877-329-9647, (253) 941-4815  
[www.mutualins.com](http://www.mutualins.com)

**The following must be submitted with the application:**

- Photos of the front and back of the risk
- Woodstove Questionnaire, if applicable
- Diligent Search Letter, if applicable
- Down payment must accompany app. for Insured Direct Bill

**HO1 - HOMEOWNER'S APPLICATION**

**Agent Code:** \_\_\_\_\_

Desired Effective Date: From: \_\_\_\_\_ To: \_\_\_\_\_  Insured Direct Bill  Mortgagee Direct Bill

\*Name of Applicant: \_\_\_\_\_ Phone No: \_\_\_\_\_

**\*Indicate legal owner of risk if not the same as Applicant:** \_\_\_\_\_

Applicants Mailing Address: \_\_\_\_\_

Number Street City State Zip County

Location of Property: \_\_\_\_\_

(If different than mailing address)

Name of Mortgagee & Mailing Address	Loan Number	Name of 2nd Mortgagee & Mailing Address	Loan Number

Year Built: \_\_\_\_\_ **\*Construction:**  Frame  Masonry Veneer  Aluminum/Plastic Siding  Brick/Stone  Other: \_\_\_\_\_

*\*(Mobile/Manufactured Homes do not qualify for the HO1 program)*

Square Footage: \_\_\_\_\_ No. of bathrooms: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Families: \_\_\_\_\_ Current Actual Cash Value: \_\_\_\_\_

Indicate any upgrades, such as ceramic tile, hardwood floors, etc. \_\_\_\_\_

Describe any attached structures: \_\_\_\_\_ Square footage of all attached structures: \_\_\_\_\_

**Foundation:**  Slab-(continuous concrete)  Crawlspace  Basement -( )% Finished, **Square footage of living area only:** \_\_\_\_\_

**Protection Class:** \_\_\_\_\_ **Occupancy:**  Primary  Secondary/seasonal (*surcharge applies*)

**Deductible:**  \$500  \$1,000  \$2,500  \$5,000 **Minimum Earned Premium-\$125.00**

Coverage	A Dwelling*	B Other Structures*	C Personal Property*	D Loss of Use*	E Personal Liability	F Medical Payments	Basic Premium
Limit	\$	\$	\$	\$	\$	\$	\$

Options/Coverages/Credits:		
<input type="checkbox"/> Other Structures - Description: _____	(-) Credits * (10% Max) *Round to nearest dollar.	\$ _____
<input type="checkbox"/> Scheduled Personal Property <input type="checkbox"/> Earthquake: <input type="checkbox"/> Full _____ <input type="checkbox"/> Limited _____ (Attach List) Limit: _____ (Deductible) (Coverage Amt)	(+) Additional Premium	\$ _____
<input type="checkbox"/> Replacement cost on Dwelling ( <b>available for Seasonal/Secondary risks only</b> ) (add additional premium)	(+) Policy Fee	\$ <u>50.00</u>
<input type="checkbox"/> Replacement cost on Personal Property (add additional premium)	(=) Subtotal	\$ _____
<input type="checkbox"/> Protective Device: Description _____	(+) Taxes/Fees** **Do Not Round.	\$ _____
<input type="checkbox"/> Wood Stove, Fireplace, or Pellet Stove: <b>Yes or No</b> If Yes, Primary or Secondary source of heat? _____	(=) Total Premium	\$ _____
<b>*Maximum combined aggregate Limit \$600,000.</b>		
<b>Downpayment+ policy fee + taxes = Amount Remitted:\$</b> _____		

**MUST BE COMPLETED FOR ALL SUBMISSIONS**

Occupation of Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_  
Occupation of Spouse: \_\_\_\_\_ Employer: \_\_\_\_\_

Have you been convicted of a crime in the last 7 years?  Yes  No If yes, please explain \_\_\_\_\_

Any business on premises?  Yes\*  No If yes, explain \_\_\_\_\_

**\*Please note: Any outbuilding used in whole or part for commercial manufacturing or farming business is not covered.**

Is dwelling on a slope?  Yes  No Degree of slope? \_\_\_\_\_ If over 30° angle risk is unacceptable.  
Primary source of heat?  Gas  Electric  Wood  Solar  Oil  Other (explain) \_\_\_\_\_

Does home have a woodstove or other supplemental heat?  Yes  No If yes, complete woodstove questionnaire.  
Are there any outbuildings on the premises?  Yes  No If yes, provide description \_\_\_\_\_ & Condition \_\_\_\_\_

Is wiring original?  Yes  No, If no, when updated? \_\_\_\_\_  Circuit Breakers  Fuses (*Risks with fuses are unacceptable*)  
Is plumbing original?  Yes  No If no, when updated? \_\_\_\_\_

Condition of roof?  Good  Fair  Poor Type \_\_\_\_\_ Age \_\_\_\_\_

Does applicant own any animal(s)?  Yes  No Kind of animal(s): \_\_\_\_\_  
Has the animal ever bitten or attempted to attack a person &/or animal?  Yes  No Breed of dogs (if any): \_\_\_\_\_

Is there a Trampoline on the premises?  Yes  No Swimming Pool?  Yes  No Is the pool in the ground?  Yes  No  
Is the pool fenced in?  Yes  No Is there a locking gate?  Yes  No Height of fence \_\_\_\_\_ If under 4 feet and/or no  
locking gate, risk is unacceptable. **Liability coverage is excluded in this policy for a swimming pool &/or trampoline.**

How long has applicant owned the property? \_\_\_\_\_ Purchase price \_\_\_\_\_ Current Market Value \_\_\_\_\_

Prior insurance carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_ If none, explain \_\_\_\_\_

**Add additional sheet for explanations to the questions below, if necessary.**

Has insurance been cancelled, non-renewed or refused in past three years?  Yes  No If yes, explain \_\_\_\_\_  
Has the applicant ever had bankruptcy, foreclosure or any adverse public records?  Yes  No If yes, explain \_\_\_\_\_  
Has risk sustained any losses?  Yes  No If yes, provide location, cause, date and amount of loss: \_\_\_\_\_

**Has property been seen by agent/producer within the past 60 days?  Yes  No**

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:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Producer \_\_\_\_\_ Producer Code \_\_\_\_\_

Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_