



Mutual Insurance Services
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 Federal Way, WA 98063-6109
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 Fax 877-329-9647, (253) 941-4815
www.mutualins.com

- The following must be submitted with the application:**
- Replacement Cost Estimator or Building Information Sheet
 - Woodstove Questionnaire, if applicable
 - Diligent Search Letter, if applicable
 - Down payment must accompany application for Insured Direct Bill

HOMEOWNER'S APPLICATION
HO3-Replacement Cost Program

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 HO3 program)

Square Footage: _____ No. of Bathrooms: _____ No. of Stories: _____ No. of Families: _____

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 the living area only:** _____

Protection Class: _____ **Occupancy:** Primary (Primary use only. Seasonal/secondary or rental use is prohibited.)

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: _____ <input type="checkbox"/> Scheduled Personal Property <input type="checkbox"/> Earthquake: <input type="checkbox"/> Full _____ <input type="checkbox"/> Limited _____ (Attach list) Limit: _____ (Deductible) (Coverage Amt) <input type="checkbox"/> Add't'l. Residence Rented to Others - Address: _____ <input type="checkbox"/> Protective Device: Description _____ <input type="checkbox"/> Wood Stove, Fireplace, or Pellet Stove :Yes or No, if Yes, Primary or Secondary source of heat? _____ <input type="checkbox"/> Swimming Pool/Trampoline buy-back <input type="checkbox"/> Equine Liability buy-back <input type="checkbox"/> Personal Injury Protection – (Washington Locations Only) *Maximum combined aggregate Limit \$1,250,000. Downpayment+ policy fee + taxes = Amount Remitted:\$ _____						(-) Credits * (15% Max) *Round to nearest dollar. \$ _____ (+) Additional Premium \$ _____ (+) Policy Fee \$ 75.00 (=) Subtotal \$ _____ (+) Taxes/Fees** \$ _____ **Do Not Round. (=) Total Premium \$ _____
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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? No Yes If yes, please explain _____

Any business on premises? Yes No If yes, explain _____

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 _____

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

Is wiring original? Yes No If no, when updated? _____ Circuit Breakers, Knob & Tube, 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): _____

**(Risks with more than six horses are unacceptable)*

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. Is liability coverage desired for any of these items? Yes No

How long has applicant owned the property? _____ Purchase price _____ Current Replacement Cost*: _____

**(Risk must be insured for a minimum of 90% of full replacement cost)*

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 the past three years? Yes No If yes, explain _____

Has the applicant ever had a bankruptcy, foreclosure or any adverse public records? Yes No If yes, explain _____

Has this 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.** _____