



**MUTUAL INSURANCE SERVICES**  
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 www.mutualins.com

**States Available:** AZ, CA, CO, ID, MT, NV, NM, OR, SD, UT, WA, WY

**HO-4 TENANTS APPLICATION**

Desired Effective Date: \_\_\_\_\_ (For one year)

Name of Applicant: \_\_\_\_\_

Applicants Mailing Address: \_\_\_\_\_  
 Number Street City State Zip County

Location of Property: \_\_\_\_\_  
 (If different than mailing address)

Is residence:  apartment building  house  mobile home  modular home. (If owner occupied Condo or a Houseboat, risk is **unacceptable**.)  
 Number of roommates\* or boarders? \_\_\_\_\_ (If more than one, risk is **unacceptable**.) \*(Excluding family members)  
 Do they have contents coverage?  Yes  No If yes, provide Carrier and Policy # \_\_\_\_\_

**If an apartment:** Number of units in building? \_\_\_\_\_ What floor of building? \_\_\_\_\_ Square footage \_\_\_\_\_  
**If house:** construction is  frame  masonry  other \_\_\_\_\_ Type of heating: \_\_\_\_\_  
**If mobile/modular home:** Length \_\_\_\_\_ Width \_\_\_\_\_ In a park?  Yes  No If yes, name of park \_\_\_\_\_  
**General Information:** Automatic Sprinkler System  Yes  No Operational Smoke Alarm?  Yes  No  
 Square footage: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ Feet to Hydrant: \_\_\_\_\_ Miles to Fire Dept: \_\_\_\_\_  
 Protection Class: \_\_\_\_\_ **Electrical:**  fuses  circuit breakers  Other \_\_\_\_\_

Supplemental Heat (ie: woodstove/pellet stove):  Yes  No Is this the primary source of heat?  Yes  No

COVERAGE	LIMIT	PREMIUM
C. Personal Property*	\$ _____ (Amount of Coverage)* <i>Actual Cash Value Coverage</i>	\$ _____
	\$ _____ (Amount of Coverage) * <i>Replacement Cost Coverage</i>	\$ _____
D. Loss of Use	20% of Coverage C	Included
E. Personal Liability	\$25,000**increase to \$50,000 or \$100,000 Maximum, see below	Included
F. Medical Payment	\$500	Included
	<b>Basic Premium</b>	\$ _____
	Credit for Increased Deductible	
	Surcharge (If applicable)	\$ _____
	<b>**To Increase Liability to \$50,000 add-\$50.00 or \$100,000 add-\$100.00</b>	\$ _____
	<b>Scheduled Personal Property \$1.75 per \$100 (\$10,000 Maximum per policy)</b>	\$ _____
	Base Premium	\$ _____
	(+) Policy Fee (Non-refundable) <i>(Does not apply to MT)</i>	\$ 50.00
	(+) Applicable State Taxes & Fees**Do Not Round	\$ _____
		\$ _____
		\$ _____
	(=) Total Premium**Do Not Round	\$ _____

**Minimum Premium:** If policy cancels within 60 days of effective date, downpayment is fully earned.

<b>State Taxes:</b>	AZ-3.35%, CA-3.125%, CO-3.00%, ID-1.75%, MT-2.75% State Tax, 1.00% Stamping Fee, 2.50% Fire Marshall Tax, NV-3.50% State Tax, \$25.00 or .004% if premium is \$5,000 Stamping Fee, NM-3.003%, OR-2.00% State Tax, \$15.00 SLSC, \$.65% Fire Marshall Fee (applies to premium only, not policy fee), SD-3.00% on property premium, 2.50% on liability premium & fees, UT-4.50%, WA-2.25%, WY-3.00%.
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- paid in full
- 20% down plus all applicable fees/taxes – 4 installments due 30, 60, 90 and 120 days after inception.
- credit card payment , Submit authorization form with application– *(convenience fees apply)*

**\*\*\*Signed Due Diligence form, if applicable, MUST accompany the application in order for coverage to become effective\*\*\***

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

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

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

Does applicant own any animal(s)?  Yes  No **This policy does not provide liability coverage for any type of animal.**

Prior insurance carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_ - if none, please explain \_\_\_\_\_

Has insurance been canceled, non-renewed or refused in the past three years?  Yes  No If yes, explain \_\_\_\_\_

Has risk sustained any losses in past three years?  Yes  No If yes, provide location, cause, date and amount of loss: \_\_\_\_\_

**Limits, Rates, Surcharges and Deductible Options**

Personal Property <u>Limits:</u>	Actual Cash Value		Replacement Cost Coverage		
	Rate - \$250 Deductible		Rate - \$250 Deductible		
	Protection Class		Protection Class		
	<u>1-8</u>	<u>9-10</u>	<u>1-8</u>	<u>9-10</u>	
\$ 5,000	\$109	\$131	\$131	\$157	
\$ 7,500	\$121	\$145	\$145	\$174	
\$10,000	\$134	\$161	\$161	\$193	
\$15,000	\$160	\$191	\$192	\$230	
\$20,000	\$185	\$222	\$222	\$266	
\$25,000	\$210	\$252	\$252	\$302	
\$30,000	\$239	\$286	\$287	\$344	
\$35,000	\$268	\$321	\$322	\$386	
\$40,000	\$299	\$360	\$359	\$431	
\$45,000	\$330	\$396	\$396	\$475	
\$50,000	\$365	\$438	\$438	\$526	
\$55,000	\$393	\$466	\$466	\$554	
\$60,000	\$421	\$494	\$494	\$582	
\$65,000	\$449	\$522	\$522	\$610	
\$70,000	\$477	\$550	\$550	\$638	
\$75,000	\$505	\$578	\$578	\$666	
\$80,000	\$533	\$606	\$606	\$694	
\$85,000	\$561	\$634	\$634	\$722	
\$90,000	\$589	\$662	\$662	\$750	
\$95,000	\$617	\$690	\$690	\$778	
\$100,000	\$645	\$718	\$718	\$806	

**Deductible Options:**  
 \$ 500 – 5% Credit  
 \$ 750 – 10% Credit  
 \$1,000 – 15% Credit

**\*Appraisals required to Schedule PP Surcharges**  
 Supplemental Heat Surcharge  
 \$25.00 if Secondary Source of heat  
 25%+\$25.00 if Primary Source

***Prior losses subject to Underwriters discretion. Additional surcharges may apply.***

**Note:** Every possible combination of independent risk factors cannot be addressed. Keep in mind that sound underwriting requires the exercise of trained judgment. Consequently, risks may be surcharged, rejected, or coverage restricted even though the risk appears eligible under the guidelines .

**COVERAGE ACKNOWLEDGMENT (Coverage cannot be bound without signature)**

These coverages have been explained to me and I fully understand that burglary coverage replaces theft coverage. I know that for burglary coverage to apply, there must be visible signs of forcible entry and that I must notify the police at the time of loss. I also understand there is no coverage for roommate's contents, or liability coverage for swimming pools, trampolines, or for any type of animal. **Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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/Producer Statement: I hereby state I have been unable to produce the above requested coverage from standard insurers. I request Mutual Insurance Services to effect coverage and I 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 Code:** \_\_\_\_\_ **Producer** \_\_\_\_\_

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

**Phone No** \_\_\_\_\_ **Fax No** \_\_\_\_\_