

**Mail To:**

Mutual Insurance Services  
PO Box 6109  
Federal Way, WA 98063  
1-800-247-5851, Fax 1-877-329-9647

**Idaho/Oregon/Washington**

Effective: \_\_\_\_\_ to \_\_\_\_\_ : (12 Months) at 12:01am

<b>Applicant/Owner</b>		<b>Lienholder/Loss Payee</b>	
Insured		Name	
Mailing Address		Address	
City	State	County	Zip
City	State	County	Zip
<b>Location of risk if Different from Mailing Address</b>		Loan Number	

RATING INFORMATION			COVERAGES	AMOUNT (See Rate Guide for Rates)	PREMIUM
Year Built	Number of Stories	Total Square Footage	Dwelling		
Number of Families	Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other		Additional Personal Property		
Date Purchased	Purchase Price	Present ACV	Additional Other Structures		
Type of Heat: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Coal <input type="checkbox"/> Oil Other: _____			Personal Liability (Includes \$500 Medical Payments)	\$25,000	Included
Protection Class: _____				\$50,000	
<b>Occupancy/ Use of Home</b>				\$100,000	
<input type="checkbox"/> Principal Residence (Owner Occupied) <input type="checkbox"/> Seasonal/Secondary Residence (Owner Occupied)				\$300,000	
Does home have auxiliary heat? <input type="checkbox"/> No <input type="checkbox"/> Yes* <small>*If YES attach questionnaire.</small>					
<b>Description of ALL Animals</b>			Increase Medical Payments (Maximum \$1000)	\$1,000	
<input type="checkbox"/> Dog <input type="checkbox"/> Horse <input type="checkbox"/> Cow <input type="checkbox"/> Other Breed: _____ How Many: _____ Other: _____ <b>(Unacceptable if animal has vicious tendencies, e.g. Pit Bull, Rottweiler, Wolf Hybrid, Etc.)</b>			Supplemental Heating Surcharge		
			Older Dwelling Surcharge (40 Yrs or Older)		
			Seasonal/Secondary Surcharge		
			Satellite Dish Coverage (Maximum \$3,000)		
			Additional Residence Rented to Others	One Family	
<b>Years of updates</b>				Two Family	
Electric _____ Heat _____ Plumbing _____ Roof _____				Three Family	
Is home on circuit breakers? <input type="checkbox"/> Yes <input type="checkbox"/> No				Four Family	
<b>Payment Plans</b>					
<input type="checkbox"/> Annual Pay (100% Down) <input type="checkbox"/> Three-Pay(40%+\$20 Fee/30%/30%, in Consecutive Months) <input type="checkbox"/> Lienholder/Mortgage Bill			<b>Masonry Construction Credit</b>	5% to Base Premium	
<b>PRODUCER</b>				<b>Policy Fee</b>	\$20.00
Name: _____ Address: _____ City: _____ ST: _____ Zip: _____ Phone ( ) _____ Producer Code: _____ (Three Digit Code)				<b>Total Premium</b>	\$
			Amount Enclosed: \$ _____ Check #: _____		
			<b>Is Coverage Bound?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If No, and if approved, the effective date will be the later of the date approved by Underwriting, or the requested effective date.		

**Underwriting Information - All questions MUST be answered. (Incomplete applications cannot be processed.)**

*If any of the following questions are answered YES, DO NOT BIND. Risk is subject to Underwriting approval.*

	Yes	No		Yes	No
1. Is the home vacant or unoccupied?	<input type="checkbox"/>	<input type="checkbox"/>	5. Is business or farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a trampoline on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	6. Has the applicant sustained a fire loss on any property in the last 3 years? (If yes, please explain below.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Is home in poor condition or lack of proper maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	7. Is the home on fuses?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any farm type equipment/livestock on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	8. Is there a swimming pool or a hot tub on the premises?	<input type="checkbox"/>	<input type="checkbox"/>

**Submit Unbound if Any Loss History**

*Must list all of applicant's losses for the last three years.*

Date of Loss	Cause	Description (If no losses, please write "NONE")	Amount Paid

**Remarks**

*Use this area to explain underwriting information, list additional applicants or lienholders, and for general comments or instructions.*

**STATEMENT OF INSPECTION INQUIRY**

As part of our underwriting procedures, a routine inquiry may include obtaining an investigative consumer and credit report involving information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is obtained, will be provided upon written request.

**BINDER PROVISIONS**

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as it is used by the Company in the State where the risk is located. This binder shall terminate automatically at the earliest of (1) 30 days from the effective date, (2) immediately on notice of cancellation by the named insured or the company, or (3) on its effective date the same dated as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect.

**IS COVERAGE BOUND?**  YES  NO

**SIGNATURES**

I hereby declare that to the best of my knowledge and belief all information and statements contained on this application are true and complete. These facts and statements are offered as an inducement to the Company to issue the Policy. Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I have received and read a copy of the Assurant Group Privacy Policy. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by the Assurant Group. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application of any policy issued to me may be used by Assurant Group to issue, review, and renew the insurance for which I am applying.

Applicants Signature \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agents Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please note: We do not accept outside financing.**