

Surplus Lines Dwelling Supplemental Application

Applicant Name: _____
Is applicant Legal owner of risk: _____

Number of Bathrooms: _____ Any upgrades (ie; ceramic tile, hardwood floors, ect) _____

Any Attached Structures: _____
Square footage of attached Structure: _____

Primary Heating: _____
Fuel: _____ Type of Chimney: _____

Is Dwelling Continuously Occupied: _____ Is Dwelling Currently Occupied: _____

Is dwelling occupied by _____ Owner/Primary _____ Owner/Seasonal _____ Renter
_____ Renter/Seasonal _____ Vacant

If Seasonal, will the dwelling be occupied for living purposes at least one(1) full day out of each 90 day period? _____
If seasonal, will the dwelling be rented? _____

If Vacant, why is the property vacant? _____
Explain reason occupancy can be expected in the near future. _____

**If Vacant. The EARLIEST DATE on which the property became vacant was: _____

Have you been convicted of a crime in the last 7 years?: _____
If yes, please explain: _____

Has risk sustained any losses in past 5 years?: _____
If yes, provide location, cause, date and amount of loss: _____

Higher deductibles may be applied to primary, secondary/seasonal and vacant homes with no credit at the Underwriters discretion.

Minimum Premium of \$300.00 (does not apply to vacant homes)
Seasonal Deductible: \$250 all losses, except \$500 for VMM
Owner/Rentals \$250, credits available for higher deductibles

Full Premium Due on Vacant homes

(Downpayment+policy fee+taxes/fees= amount remitted)

Coverage: Fire, Extended Coverage and VMM* (VMM. Excludes damage caused by the Owner, Tenant or Guest.

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 _____

***Thirty (30) day vacancy clause does not apply to risks written in the Vacant or Seasonal/Secondary Programs.**

PLEASE NOTE: Three month vacant policies have a fully earned premium. Six month vacant policies have a 50% minimum earned premium.

AGENTS: A completed Surplus Lines Statement (Due Diligence) must accompany the application if required for your State. **The Required States are:** Arizona, Idaho, Montana, Nevada, New Mexico & Oregon

Photos of the front and back of the risk are required for any risk over \$100,000 in value and/or any risk written with \$300,000 Liability.