



MUTUAL INSURANCE SERVICES

PO Box 6109
 Federal Way, WA 98063-6109
 1-800-247-5851, (253) 941-4099
 Fax 1-877-329-9647, (253) 941-4815
 www.mutualins.com

Agent Code: _____

SURPLUS LINES YURT APPLICATION

Bill Mortgagee Bill Insured (down payment must accompany app.)

Desired Effective Date: _____ (for one year)

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 Yurt to be insured: _____

(If different than mailing address)

Mortgagee/Lienholder Contract Seller Additional Interest Loan Number(s): _____

#1) Name: _____

Address: _____

#2) Name: _____

Address: _____

Year manufactured: _____ Square footage: _____ Square footage of the living area only: _____

Did the proposed insured purchase this yurt new? _____ How many doors does the yurt have? _____ Windows? _____

Did they proposed insured construct the yurt at the above location themselves? _____ Does the yurt have a snow kit attached? _____

Does the yurt have a wind kit attached? _____ Does the yurt have an insulation package? _____ Any other information about this yurt? _____

Does the yurt conform to all local planning regulation and building codes? Yes No, if No, Explain: _____

Protection Class: _____ # of acres? _____ **Foundation:** Slab (continuous concrete) Crawlspace Basement - () % Finished

Feet to fire hydrant _____ Miles to nearest fire department _____ Is this a volunteer fire department? _____

Primary heating method _____ Fuel _____

Electrical: fuses circuit breakers Other _____

Supplemental Heat: Woodstove: Yes No If yes, is this the primary source of heat? Yes No -Type of chimney: _____

If Yes, indicate type of supplemental heat: woodstove pellet stove fireplace insert

Is Yurt continuously occupied? Yes No Is Yurt currently occupied? Yes No

Is Yurt occupied by Owner/Primary Owner/Seasonal* Renter Renter/Seasonal* Vacant**

*If Seasonal, will the Yurt be occupied for living purposes at least one (1) full day out of each 45 day period? Yes No

**If Seasonal, will the Yurt be rented? Yes No

**Why is the yurt Vacant? _____

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

Check Deductible desired: \$500 \$1,000 \$2,500 (Higher deductibles may be applied with no credit at the Underwriters discretion.)

<u>AMOUNT</u>	<u>PREMIUM</u>
\$ _____ On Yurt	\$ _____
\$ _____ On Adjacent Structures/Outbuildings	
\$ _____ On Contents/Personal Property	
\$ _____ On Liability	\$ _____
\$ _____ On Burglary	\$ _____
	Subtotal (Minimum Premium \$500.00)** \$ _____
	Policy Fee (Does not apply to MT) \$ 50.00
	State Taxes \$ _____
	Fire Marshall Fee \$ _____
	SLSC Tax \$ _____
	Total \$ _____
	Amount remitted) \$ _____

Coverage: Fire, Extended Coverage and Vandalism & MM* (VMM. Excludes damage caused by the Owner, Owners family, Tenant, Guest, any animal or vermin)

Occupation of Applicant: _____ Employer: _____

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.**

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 5 years? Yes No If yes, provide location, cause, date and amount of loss: _____

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.

Producer Code: _____ Producer's E-mail Address: _____

Producer _____

Address _____

Phone No _____ Fax No _____

AGENTS: A completed Surplus Lines Statement (Due Diligence) must accompany the application if required for your State.

PHOTO REQUIREMENTS

Photos are required on all risks submitted and must include 2 photos of the exterior of the yurt, one of the inside, including the front door area and any windows if applicable.