

AMERICAN RELIABLE DWELLING FIRE APPLICATION:						DATE (MM/DD/YYYY)	
AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
		POLICY #					
		DATE AT CURR RES		CO/PLAN		HOME PHONE #	
		EFFECTIVE DATE		EXPIRATION DATE		BUSINESS PHONE #	
						DAY EVE DAY EVE	

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)				YRS AT PREV ADDR		LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)			
APPLICANT'S OCCUPATION <small>(State nature of business if self-employed)</small>		APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION <small>(State nature of business if self-employed)</small>		CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:					

COVERAGES/LIMITS OF LIABILITY
DED (Type & Amount)

FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	RENTAL VALUE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL	WIND/HAIL	THEFT	NAMED HURRICANE *
	\$	\$	\$	\$	\$	\$				
FIRE		FIRE & EC		FIRE, EC & VMM		BROAD		SPECIAL		

PREMIUM

		EST TOTAL PREMIUM
		\$
		DEPOSIT
		\$
		BALANCE
		\$

In order to bind:
 Please forward this fully completed and signed application along with your bind request.
 With your bind request, please include a Replacement Cost estimator.
 Has the applicant been continuously insured with another carrier for the past 36 months with no claims and no lapse in coverage? (If yes, please include prior term declaration page with your bind request.)

RATING/UNDERWRITING

<input type="checkbox"/> FRAME	<input type="checkbox"/> PLASTIC SIDING	YR BUILT	MARKET VALUE		STRUCTURE TYPE		USAGE TYPE		<input type="checkbox"/> FARM	# FAM-ILIES	PURCHASE DATE/PRICE				
<input type="checkbox"/> MASONRY	<input type="checkbox"/> EIFS siding	SQ FT	\$		<input type="checkbox"/> Dome home	<input type="checkbox"/> Mobile home	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> COC	UNOCC	VACANT	RENOVATION TYPE	PART	COMP	YEAR	
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/> FIRE RES		REPLACEMENT COST		<input type="checkbox"/> Log home	<input type="checkbox"/> Straw built	<input type="checkbox"/> SECONDARY								
<input type="checkbox"/> ALUMINUM SIDING			\$		<input type="checkbox"/> Condominium		<input type="checkbox"/> SEASONAL								
Business ownership? Yes No		TERR CODE	PROTECT CLASS	DISTANCE TO		PROTECTION DEVICE TYPE		HEAT TYPE		NONE		WIRING			
				HYDRANT	FIRE STATION	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:		PLUMBING			
				FT	MI	CENTRAL		SECONDARY:		HEATING					
Is Brush clearance more than 350 feet around the dwelling?		Is the dwelling located next to any burned out or abandoned building(s)?				DIRECT	Woodstove?		Liquid fuel-powered space heaters?		ROOFING				
						LOCAL	Other heat reclaiming devices?		EXTERIOR PAINT						
DWELLING LOCATION		OCCUPIED BY		DEADBOLT		VISIBLE TO NEIGHBORS		SWIMMING POOL		YES		NO		STORM SHUTTERS	
<input type="checkbox"/> WITHIN CITY LIMITS		<input type="checkbox"/> WITHIN PROT SUBURB		<input type="checkbox"/> OWNER		<input type="checkbox"/> FIRE EXTINGUISHER		HOUSEKEEPING CONDITION		<input type="checkbox"/> APPROVED FENCE		<input type="checkbox"/> ABOVE GROUND		YES	
<input type="checkbox"/> WITHIN FIRE DIST		<input type="checkbox"/> TENANT						<input type="checkbox"/> DIVING BOARD		<input type="checkbox"/> IN-GROUND		NO		A HURR RES B GLASS	
Does the dwelling have polybutylene pipes?		Any other structures or garages with a wood/coal/pellet burning device?		OCCUPIED DAILY?		# WKS RENTED		Does dwelling have knob and tube wiring or electrical services with less than 100 AMP service?		ROOF TYPE		FOUNDATION		Stilts?	
				YES		NO						OPEN		Posts/Piers	
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER		MANNED SECURITY OFF PREMISES THEFT EXCL		SPRINKLER		FIREPLACES		PRE-FAB	
SQ FT		SQ FT		SQ FT		LIGHTNING PROTECTION		OTHER:		PARTIAL		CHIMNEYS			
										FULL		HEARTHES			

PLEASE COMPLETE REVERSE SIDE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. Is the dwelling attached to, occupied as, or converted from a commercial risk?			14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
2. Does the home have a lead Letter of Interim Control or a Letter of Compliance?			15. As part of our underwriting process, we may order consumer reports relating to loss and credit history. Upon request, we will provide you with name, address and telephone number of the third party consumer-reporting agency from which we obtain such reports. Does the applicant give us permission to run reports as part of our underwriting process?		
3. Does the applicant rent this dwelling to others more than two nights per year?			16. Does the dwelling have handrails on all entrances that have 3 or more steps?		
4. Has the applicant been convicted of insurance fraud?			17. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
5. Are Explosive or Flammable materials stored on the premises?			18. Are there permanently installed steps at all entrances to the dwelling?		
6. Is the dwelling on 5 or more acres?			19. Is there any unrepaired or existing non-structural damage, existing structural damage, peeling paint, and/or damage to siding, soffits, or fascia?		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO			20. Is there a dock, pier or boat house on the premises?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?			21. Has the dwelling been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase)		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			22. Does the dwelling have permanently installed water, electricity, and sewage utility services?		
10. Has the applicant been 30 days past due on mortgage payments in the last 12 months?			23. Is the dwelling within 1,500 feet of water (river or creek) or is it located on an island or in a Special Flood Hazard Area?		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)					
12. Does the premises have a swimming pool or spa that does not have a four-foot fence with a self-latching gate, motorized pool cover, or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible?					
13. Is there any childcare, homecare, lodging, auto repair, chemical processing, and/or farming conducted on the premises?					

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?

DATE	TYPE	DESCRIPTION OF LOSS	YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			YES <input type="checkbox"/> NO <input type="checkbox"/>

ADDITIONAL INTEREST

INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER

PAYMENT OPTIONS:

E/CHECK Initial Payment Amount (\$): Routing Number: Account Number: Re-Enter Account Number:	Credit card Initial Payment Amount (\$): Name as it appears on the credit card: ZIP/Postal Code of the Credit Card billing address: Credit Card Type (visa/mastercard): Credit Card #: _____ Expiration Date (mm/yyyy): _____ CCID Number: _____	Money Order Initial Payment Amount (\$): Money Order Number: _____ *Please address payment to the following lockbox address and write policy number on the check. American Reliable Insurance Company PO Box 4096 Scottsdale, AZ 85261	Business check Initial Payment Amount (\$): Check Number: _____ *Please address payment to the following lockbox address and write policy # on the check. American Reliable Insurance Company PO Box 4096 Scottsdale, AZ 85261
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BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.
TIME	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
	NOON	
COVERAGE IS NOT BOUND		
NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)		
Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.		
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE