

QUALIFICATION CRITERIA – PROHIBITED RISKS – Refer to rules in rate guide

If any one of the following questions (except questions 11, 21 & 22) is answered “yes”, then the response must be explained and submitted unbound. If questions 11, 21 & 22 are answered “no”, then the response must be explained and submitted unbound.

- | | <u>Yes</u> | <u>No</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Has the applicant been cancelled, declined or non-renewed in the past 4 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the applicant had more than one non-weather related loss or 2 or more weather losses in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| List any prior losses in the past 3 years: | | |
| Date _____ Cause _____ Amount _____ | | |
| Date _____ Cause _____ Amount _____ | | |
| 3. Is the dwelling currently for sale, in the course of construction or renovation or have unrepaired damage? | <input type="checkbox"/> | <input type="checkbox"/> |
| (If home is currently for sale and of vacant occupancy, the risk need not be submitted unbound.) | | |
| 4. Has the applicant been convicted of fraud, arson or other insurance related offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the insured currently unemployed? If yes, state means of support. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the applicant had a bankruptcy, foreclosure or repossession in the last 4 years or is behind in mortgage payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the dwelling located in an area subject to mudslides, brush fires or high crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the home attached to, occupied or converted from a commercial risk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the dwelling have inoperable or no utilities such as natural gas, electricity or water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has the home ever been flooded or area prone to floods?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If “Yes”, does the applicant carry flood insurance? _____ Please provide proof of flood insurance. | | |
| 11. Has the dwelling had the electrical, heating and plumbing systems updated in the past 50 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| (If electricity is regulated by fuses, risk is unacceptable – do not submit.) | | |
| 12. Are kerosene or portable space heaters used in the dwelling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there a wood, coal or pellet burning stove, heater or non-original to construction or non-contractor installed fireplace on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| If stove, heater or fireplace is being used as primary heat source, risk is ineligible. For stoves, heaters or non-original to construction or non-contractor installed fireplaces used for supplemental heating, submit a completed and signed certification by the insured accompanied by a photo of the stove, heater or fireplace and chimney. | | |
| 14. Is the risk considered to be kit built, a manufactured log home, row home, town home, condominium, earth home, ... open pier home, manufactured home or home of non-traditional design? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are any vicious and/or wild animals on premises? Any domestic animal with a past incident resulting in injury is considered vicious. Risks with a Pit Bull Terrier, Doberman, Rottweiler, Akita, Chow or any wild (non-domestic) animal are ineligible for Liability coverage for these animals. Describe any animal(s) & pet(s) owned by the insured: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is there a swimming pool, trampoline or other similar hazard located on the premises? (If “Yes”, ineligible for Liability coverage.) If the swimming pool is fenced with a locking gate & without a slide or diving board, risk may be submitted for Liability limits. Describe any play, athletic or exercise equipment: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does the dwelling have 3 or more steps with no handrails or have unstable steps? (If “Yes”, ineligible for Liability coverage.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is the risk in an isolated area or not easily accessible by road? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Prior Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No – Submit & Explain. (If dwelling is a new purchase, please answer with a “No”.)
Company _____ Policy # _____ Expiration Date _____ | | |
| 20. Any unattached structures not incidental to the use of the dwelling as a residence? (Barns & farm buildings are not acceptable) | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Is the primary heat source thermostatically controlled? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does the dwelling have smoke detectors? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any answers here. _____

APPLICANT’S SIGNATURE

NOTICE: The normal procedure used by the company to evaluate applications may include obtaining an investigative consumer and credit report involving information on such things as character, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be given to you upon request.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Your state may have specific warnings against filing false claim information.

I hereby apply for insurance and declare that all of the foregoing statements are true. I agree that the policy shall be null and void if such information is false, misleading or would affect acceptance by the company.

APPLICANT’S SIGNATURE X _____ Date _____

PRODUCER’S SIGNATURE X _____ Date _____