

NEW POLICY NO. _____ RENEWAL OF _____

NAME OF APPLICANT _____

(MAILING ADDRESS)

STREET _____

CITY _____ STATE _____

TELEPHONE NO. _____ ZIP CODE _____

ISSUE POLICY AS	BILLING	
<input type="checkbox"/> Special Home Protector <input type="checkbox"/> Home Protector <input type="checkbox"/> Town and Suburban	<input type="checkbox"/> Agency <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Direct <input type="checkbox"/> _____ <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> _____
IF DWELLING IS TENANT-OCCUPIED, THE NAME OF TENANT IS _____		

APPLICANT'S OCCUPATION IS _____ APPLICANT IS: OWNER OCCU. TENANT LANDLORD

FROM _____ POLICY TERM TO _____

LOCATION OF PROPERTY INSURED							
LOC.#	TOWN	FIRE CLASS	COUNTY NAME	STATE	DEDUCTIBLE AMOUNT		
	LEGAL DESCRIPTION OR ADDRESS	TOWN			NONE	ALL PERILS	OTHER

SECTION 1—PROPERTY COVERAGE

PERILS COVERED CODE	LOSS SETTLEMENT—LEGEND CODE	OPTIONAL COVERAGES and ENDORSEMENTS												
GROUP 1—BASIC PERILS GROUP 2—BROAD FORM PERILS GROUP 3—OTHER PERILS	1. ACTUAL CASH VALUE 2. 80% REPLACEMENT COST—BUILDINGS 3. SPECIAL REPLACEMENT COST—BUILDINGS 4. REPLACEMENT COST—PERSONAL PROPERTY	<input type="checkbox"/> PERSONAL INLAND MARINE ATTACH app. 99-042 <input type="checkbox"/> RECREATIONAL VEHICLE—ATTACH App. 98-035 <input type="checkbox"/> WATERCRAFT ATTACH App 98-062 <input type="checkbox"/> COMPUTER ENDORSEMENT												
LOC. NO.	PROPERTY TO BE INSURED	CLASS	AMT OF COVERAGE	PREMIUM	GROUP PERILS	LOSS SETT'M	EARTH-QUAKE	SIZE/CAPACITY			CONSTRUCTION		ROOF	
1.	Dwelling #1 Modern Dwg. Disc't "X" if applies <input type="checkbox"/>							W	I	H	KIND	YEAR	KIND	YEAR
2.	AUXILIARY PRIVATE GARAGE													
3.	Personal Property													
4.	A.L.E. OR RENT VALUE													
TOTALS														

AGENT'S UNDERWRITING REPORT

1. Did you, the agent, inspect the property/fences? Yes No Do you recommend this risk? Yes No

2. Is any business conducted on the premises? Yes No

3. If Mobile Home is insured, anchored? Yes No Yr. set-up on site _____ Width _____ X Length _____
 Yr. Mfg'd _____ Make _____ Serial No. _____

4. Previous Insurance carrier _____
 Any Losses? Yes No—If Yes, List Number & Kind _____

5. Has any insurer cancelled, refused renewal or required a specific deductible for similar insurance? Yes No
 If yes, explain: _____

6. Are there any ponds/pools on premises? Yes No—If yes, are they fenced? Yes No What Size? _____

7. Are there any of the following items located on the premises?
 Pits or Quarries Vicious Dogs or Mean Animals Poor Housekeeping Unusual Hazards None

8. Is the described dwelling seasonal? _____

9. Type of Heating? Furnace Space Heater Gas Oil Yr. Installed _____ Chimney Metal Brick

10. Wood Burning Stove? Yes No—Who Installed Owner Dealer—Complete wood burning unit questionnaire

11. Year wiring Installed/Updated _____ Circuit Breakers Fuses—Amps _____

EXPLANATIONS/RESTRICTIONS: _____

SECTION 2—LIABILITY COVERAGE

POLICY PREMIUMS		Annual	Semi
1 COMPREHENSIVE PERSONAL LIABILITY No. of Families _____ Farmette _____ <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2	Property Fire Wind Liability		
2 OLT PREMISES LIABILITY No. of Families _____ Loc. 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Loc. 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Loc. 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Earthquake Mine Subsidence Inland Marine WaterCraft		
OPTIONAL MEDICAL Payments <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Rec. Vehicles Computer		
BUSINESS PURSUITS Type _____ CLASS _____ Liability Medical _____	Options		
TOTAL LIABILITY PREMIUM	Total Premium		

OTHER INTERESTS

MORTGAGEE CONTRACT SELLER SECOND MORTGAGE LIEN HOLDER

I DESIRE MINE SUBSIDENCE COVERAGE

MINE SUBSIDENCE WAIVER

I, We do not desire MINE SUBSIDENCE INSURANCE and hereby waive any right to such coverage under this policy or any future policy covering my (our) interests in the property unless I (we) request this coverage in writing at some future date. **INSURED'S SIGNATURE DECLINING COVERAGE.**

Disclosure to Applicant given pursuant to the Fair Credit Reporting Act: You are hereby notified that an investigation consumer report MAY be obtained by the company. You may request in writing from the company disclosure of the nature and scope of such report if obtained. *We may use a Credit based insurance Soc.*

AGREEMENTS... THE APPLICANT agrees that the application contains a full and true description and statement of the condition, situation, value, encumbrance, occupancy and title of the property proposed to be insured, and agrees to notify the company of any change therein.

PROXY STATEMENT: Upon policy being issued hereon, THE APPLICANT, as a policyholder of MARSHALL Mutual Insurance Company and Rockford Mutual Insurance Company does hereby appoint the Proxy Committee of such company(s), as his lawful representative for the term of the policy herein applied for, or until such power is revoked in writing, to vote his proxy at any and all meetings in which the undersigned is not represented in person.

X _____

X _____
 (Insured's Signature)