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. Do any of the insured buildings have flat roofs? ☐Yes ☐No Less than 3/12 pitch? ☐Yes ☐No
(If yes, explain below) is truss spacing greater than 9 feet or spans greater than 50 feet? ☐Yes ☐No (If yes, explain below)

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

OTHER INTERESTS

MORTGAGEE CONTRACT SELLER	SECOND MORTGAGE ☐ LIEN HOLDER
Loan No. Zip Code	Loan No. Zip Code

SECTION 2—LIABILITY COVERAGE

COV. W—LIABILITY		COV. Y—MEDICAL EXPENSES	
☐F.P.L. or Farmette ☐Opt. 1 ☐Opt. 2 Total acres_____		Non-Farm Rental Dwellings No. of Families Loc. 1 ☐1 ☐2 ☐3 Loc. 2 ☐1 ☐2 ☐3 Loc. 3 ☐1 ☐2 ☐3	
OLT-Farm Premises & Operations Liability Total Acres_____			
Optional Med. Payments ☐$5000 ☐$10000 ☐$25000		Personal Injury	
Insured Farm Employee ☐Full-time ☐Part-time No. Units_____		Business Pursuits _____ Type Class_____ Liability Medical	
Personal Liability Resident, Non-Relative			
Pers Liability—2nd Owner			
Custom Farming Receipts $		TOTAL LIABILITY PREMIUM	

POLICY PREMIUMS

	Annual	Semi		Annual	Semi
Property			Options		
Fire			Inland Marine		
Wind			WaterCraft		
Liability			Rec. Vehicles		
			Computer		
Earthquake			Service Fees		
Mine Subsidence			Total Premium		

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.

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.

Date _____ Agent's Signature _____ Agent No. _____

M104F

☐ 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:

X _____

X _____
Applicant's Signature