

HOME-GUARD APPLICATION Indicate Policy Type, Occupancy & if Mobile Home	Broad Form (HG 2)	Special Form (HG 3)	Contents Broad Form (HG 4)
	Unit-Owners Form (HG 6) §	Broad Form – Property Policy (HG 9)	
	Mobile Home-Guard †	Tenant Mobile Home-Guard †	
	Occupancy:	Owner-Occupied	Tenant
† Attach Mobile Home Questionnaire (RC 120) § Attach Unit-Owners Form – Supplemental Application (HG 383)			

AGENT INFORMATION:	APPLICANT INFORMATION:	POLICY INFO:
AGENT NAME AND ADDRESS:	NAMED INSURED'S NAME AND MAILING ADDRESS:	POLICY NO:
		EFFECTIVE DATE:
		EXPIRATION DATE:
AGENT NO:	AGENT PHONE:	NAMED INSURED'S HOME PHONE:
		12:01 a.m. S.T. at the address of the Named Insured.

MAIL POLICY TO:	AGENT	INSURED	MORTGAGEE	NEW	CHANGE	REPLACES NO.:
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NAMED INSURED'S INFORMATION:				LOCATION OF RESIDENCE/INSURED PREMISES:					
NAMED INSURED'S PREVIOUS ADDRESS (if less than 3 years)			YRS AT PREV ADDR	1/4:	SEC :	T: N or S	R: E or W	TWP:	COUNTY:
				PREMISES ADDRESS:			TOWN:	STATE:	
				PREMISES OCCUPIED BY:			INTEREST OF INSURED:		
NAMED INSURED'S OCCUPATION (State nature of business if self-employed)	NAMED INSURED'S EMPLOYER NAME AND ADDRESS			YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	
2ND NAMED INSURED'S OCCUPATION (State nature of business if self-employed)	2ND NAMED INSURED'S EMPLOYER NAME AND ADDRESS			YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:					

PROPERTY COVERAGES – LIMITS OF LIABILITY:							DEDUCTIBLE TYPE/AMOUNT			
DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	EQUIPMENT BREAKDOWN	LOSS OF USE	PERMANENT OUTSIDE ELECTRICAL WIRING AND EQUIPMENT	FIRE DEPARTMENT SERVICE CHARGE	All Perils	Theft		
\$	\$	\$	\$	\$	\$	\$	Wind/Hail	Fire & EC		
							EQ Break.			

SUBJECT TO FORMS:	PREMIUM:
	ESTIMATED TOTAL PREMIUM
	\$
	DEPOSIT
	\$
	BALANCE
	\$

LIABILITY COVERAGES – GRINNELL MUTUAL REINSURANCE COMPANY						LIMITS OF LIAB	PREMIUM	
COVERAGE E – LIABILITY TO PUBLIC						EACH OCCURRENCE	\$	
COVERAGE E-1 – DAMAGE TO PROPERTY OF OTHERS						EACH OCCURRENCE	\$	
COVERAGE F – MEDICAL PAYMENTS TO PUBLIC						EACH PERSON	\$	
OPTIONAL COVERAGE(S)		DESCRIPTION					PREMIUM	
INCIDENTAL BUSINESS ACTIVITY		GROSS RECEIPTS: \$					\$	
INCIDENTAL AGRICULTURAL ACTIVITY		ACRES:		LIVESTOCK:		YES	NO	
ADD'L PREMISE	RENTAL PREMISE	ADDRESS:					\$	

SUBJECT TO LIABILITY FORMS:

PAYMENT PLAN:	
BILLING:	IF DIRECT BILL:
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL INSURED
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE
	<input type="checkbox"/> BILL OTHER:
BILLING NAME AND ADDRESS:	
MORTGAGEE NAME AND ADDRESS:	
LOSS PAYEE NAME AND ADDRESS:	
PREMIUMS	BILLING MODE
FIRE \$	
WINDSTORM-HAIL \$	
LIABILITY \$	
OTHER \$	
TOTAL \$	

THIS POLICY WILL BE CONTINUED TO THE EXPIRATION DATE ABOVE IF YOU PAY THE REQUIRED PREMIUM FOR EACH SUCCESSIVE YEAR OR PREMIUM PAYMENT PERIOD. REQUIRED PREMIUMS WILL BE BASED ON OUR RATES THEN IN EFFECT.

RATING/UNDERWRITING:

FRAME MASONRY MASONRY VENEER FIRE RES	MFG HOME	YR BUILT	SQ FT			USAGE TYPE PRIMARY SECONDARY SEASONAL	PROTECT CLASS	DISTANCE TO		HEAT TYPE (natural gas, LP, etc)		DATE HEATING SYSTEM LAST SERVICED			
	VINYL SIDING	DWELLING DIMENSIONS L W H						HYDRANT	FIRE STATION	PRIMARY:	HOUSEKEEPING CONDITION				
	ALUMINUM SIDING									SECONDARY:					
	NO. OF STORIES									NONE					
RENOVATION TYPE	PART	COMP	YEAR	BASEMENT (IF ANY)		MARKET VALUE		SWIMMING POOL		ROOF MATERIAL	ROOF YEAR				
WIRING				FINISHED	SQ FT	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO						
PLUMBING				UNFINISHED		DWELLING LOCATION				CONDITION OF ROOF					
HEATING				PLUMBING SYSTEM - CONDITION		WITHIN CITY LIMITS		<input type="checkbox"/>	APPROVED FENCE	<input type="checkbox"/>	ABOVE GROUND	FIREPLACES (Enter Number)			
ROOFING				PLUMBING SYSTEM - ANY KNOWN LEAKS		WITHIN FIRE DIST		<input type="checkbox"/>	DIVING BOARD	<input type="checkbox"/>	IN GROUND	<input type="checkbox"/>	CHIMNEYS	<input type="checkbox"/>	PRE-FAB
EXTERIOR PAINT				YES	NO	WITHIN PROT SUBURB		<input type="checkbox"/>	SLIDE	<input type="checkbox"/>		<input type="checkbox"/>	HEARTHES	<input type="checkbox"/>	WOOD STOVE INSERT

GENERAL INFORMATION:

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		
2. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
3. HAS SIMILAR INSURANCE BEEN CANCELLED OR REFUSED BY ANOTHER COMPANY?		
4. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		
5. DURING THE LAST 5 YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?		
6. DO ANY OF THE NAMED INSURED OR ADDITIONAL NAMED INSURED CARRY ANY OTHER PERSONAL LIABILITY INSURANCE POLICIES? (If yes, please list the individual(s).)		
7. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		
8. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		
9. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)		
10. ANY RESIDENCE EMPLOYEES? (No. and type of full and part time employees)		
11. ARE THERE ANY DOGS, HORSES, EXOTIC PETS, DOMESTICATED WILDLIFE OR DANGEROUS ANIMALS OWNED BY THE INSURED OR KEPT ON PREMISES? (note breed, quantity, claim history, including bites and no. of claims.)		

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
12. IS THERE A TRAMPOLINE ON THE PREMISES?		
13. ARE ITEMS OF SPECIAL VALUE (JEWELRY, SILVERWARE, FURS, GUNS, ANTIQUES, FINE ARTS, ETC.) ADEQUATELY INSURED?		
14. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOWMOBILES, DUNE BUGGYS, GAS POWER SCOOTERS, MINI BIKES, ATVS, ETC)? (List year, type, make and model)		
15. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
16. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
17. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
18. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		
19. IS HOUSE FOR SALE?		
20. ARE THE PREMISES EQUIPPED WITH FIRE EXTINGUISHERS, SPRINKLER SYSTEMS AND/OR SMOKE DETECTORS?		
21. ARE ANY RENTAL PREMISES EQUIPPED WITH FIRE EXTINGUISHERS, SPRINKLER SYSTEMS AND/OR SMOKE DETECTORS?		
22. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		

LOSS HISTORY:

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 5 YEARS, AT THIS OR ANY OTHER LOCATION?		YES	NO	IF YES, INDICATE BELOW.	
DATE	TYPE	DESCRIPTION OF LOSS		AMOUNT	APPLICANT'S INITIALS

PRIOR COVERAGE:

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
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ADDITIONAL INSURED(S):

NAME	ADDRESS	INTEREST OF ADD'L INS	PROPERTY	LIABILITY	LIMITED FORM	
					YES	NO

REMARKS: (or Information which will help in underwriting this risk)

BINDER/SIGNATURE

THE APPLICANT APPLIES TO:		AND TO:
FOR INSURANCE FOR FIRE AND ALLIED PERILS		GRINNELL MUTUAL REINSURANCE COMPANY GRINNELL, IOWA FOR LIABILITY INSURANCE. GRINNELL MUTUAL REINSURANCE COMPANY MAY ALSO PROVIDE THE WINDSTORM, HAIL, EARTHQUAKE AND/OR INLAND MARINE COVERAGE.
NOTICE OF INFORMATION PRACTICES – PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THE INFORMATION CONTAINED IN THIS APPLICATION AND OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY BE SHARED WITH AFFILIATED COMPANIES OR NON-AFFILIATED COMPANIES AS PERMITTED BY LAW FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING, AND INSURANCE MARKETING. THIS INFORMATION MAY BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. CONTACT YOUR AGENT FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
USE OF CLAIMS INFORMATION – WE WILL CONSIDER YOUR CLAIMS HISTORY IN DETERMINING WHETHER TO DECLINE, CANCEL, NON-RENEW, OR SURCHARGE THE POLICY FOR WHICH YOU ARE APPLYING. IN ADDITION, ANY CLAIM MADE BY YOU WILL BE REPORTED TO AN INSURANCE SUPPORT ORGANIZATION.		
<input type="checkbox"/> ALL APPLICANTS – NOTICE OF CREDIT SCORING INFORMATION (APPLIES ONLY IF BOX IS CHECKED): YOUR AGENT WILL OBTAIN CREDIT SCORING INFORMATION FOR THE PURPOSE OF UNDERWRITING THE POLICY AND/OR DETERMINING THE PREMIUM THAT YOU WILL BE CHARGED.		
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 MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSES OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.		
BY SIGNING THIS APPLICATION, YOU AUTHORIZE COLLECTION OF THE ABOVE INFORMATION AND AGREE THAT YOU HAVE READ AND UNDERSTOOD ALL OF THE QUESTIONS ASKED AND INFORMATION SUPPLIED, THAT THE ANSWERS YOU HAVE GIVEN IN APPLYING FOR COVERAGE ARE TRUE, AND THAT NO MATERIAL FACT HAS BEEN WITHHELD.		
<input type="checkbox"/> BOUND COVERAGE: COVERAGE IS BOUND AS OF THE EFFECTIVE DATE SHOWN ON THIS APPLICATION.		
<input type="checkbox"/> NON-BOUND COVERAGE: COVERAGE IS NOT BOUND UNTIL THE APPLICATION IS APPROVED BY THE FIRE AND ALLIED PERILS INSURER.		
DATE	APPLICANT'S SIGNATURE	AGENT'S SIGNATURE