



**ILLINOIS DWELLING APPLICATION**

REQUESTED EFFECTIVE DATE:	REQUESTED EXPIRATION DATE:
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APPLICANT'S NAME		SOCIAL SECURITY #	DATE OF BIRTH
MAILING ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
LOCATION			
MORTGAGEE	BILL MORTGAGEE AT RENEWAL: YES___ NO___		LOAN #
STREET ADDRESS	CITY	STATE	ZIP CODE

Owner Occupied\_\_\_ / Seasonal\_\_\_ / Rental\_\_\_

Tenant Name \_\_\_\_\_

Year Built \_\_\_\_\_

Total Square Feet\_\_\_ / Ground Square Feet \_\_\_\_\_

Age of Roof\_\_\_ / Type of Roof \_\_\_\_\_

Electrical Update\_\_\_ / Plumbing Update \_\_\_\_\_

Type of Heat\_\_\_ / Heating Update \_\_\_\_\_

Number of stories\_\_\_ / Number of families\_\_\_

Construction: Frame\_\_\_ Masonry\_\_\_ Other\_\_\_

Purchase Date\_\_\_ / Purchase Price \_\_\_\_\_

ACV—Excluding Land \$ \_\_\_\_\_

Method used to determine ACV \_\_\_\_\_

Protection Class \_\_\_\_\_

Miles from Fire Dept. \_\_\_ / Feet from Fire Hydrant \_\_\_\_\_

1. Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Yrs. Employed \_\_\_\_\_

2. Previous Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

3. Has applicant had any claims/losses in the past five (5) years at any location? Yes\_\_\_ No\_\_\_  
 If Yes, provide details \_\_\_\_\_

4. Describe any animals owned by the applicant. \_\_\_\_\_

**IF YES, SUBMIT—DO NOT BIND**

1. Was the previous policy cancelled or non renewed? If yes, what was the reason for cancellation or non renewal and the date of cancellation or non renewal? Yes\_\_\_ No\_\_\_

2. Is the dwelling equipped with a woodstove? If yes, submit with interior photos showing the stove and flue and an exterior photo of the chimney, plus a completed Aegis woodstove report. Yes\_\_\_ No\_\_\_

3. Is a swimming pool on premises? If yes, it must be surrounded with a 4' stockade type fence with a locked gate. Photo of fenced pool is required. Unfenced pools and pools with a diving board or slide are not eligible for liability coverage. Yes\_\_\_ No\_\_\_

4. Does the applicant own or board a German Shepherd, Doberman, Pit Bull, Chow, Akita, Rottweiler, Great Dane, Wolf Hybrid; any mix of these breeds; any pet known to be unfriendly; any dog that has bitten; any guard dog; horses; livestock; or any other large or unusual / exotic animals? If yes, coverage is not bound unless the animal injury exclusion is signed on the back of the application. Yes\_\_\_ No\_\_\_

**IF YES, DO NOT SUBMIT—UNACCEPTABLE RISK**

1. Is any business conducted on premises? Yes\_\_\_ No\_\_\_

2. Is the dwelling vacant, unoccupied, condemned, in an area where there are abandoned buildings or without utilities? Yes\_\_\_ No\_\_\_

3. Has the applicant had any fire, theft or liability loss / claim or more than one (1) minor loss / claim at any location in the past three (3) years? If liability loss, must be written without liability. Yes\_\_\_ No\_\_\_

4. Does the dwelling have any damage that has not been repaired? Yes\_\_\_ No\_\_\_

**IF NO, DO NOT SUBMIT—UNACCEPTABLE RISK**

1. Is the dwelling well maintained and show pride of ownership? Yes\_\_\_ No\_\_\_

**IF NO, LIABILITY COVERAGE IS NOT AVAILABLE**

1. Do all entrances, where needed, have steps with safety railings and are all raised decks or porches surrounded by a safety railing with balusters a maximum of 4" apart? Yes\_\_\_ No\_\_\_

In making this application for insurance, it is understood that an investigative report may be made regarding your credit and / or loss history. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

If undisclosed or false information is discovered and the information was material to the Company accepting the risk, coverage will be null and void if the discovery is found within the first year the policy is written or the first policy term.

**NOTE: IF LIABILITY COVERAGE IS REQUESTED THE RISK IS NOT CONSIDERED BOUND IF THE LIABILITY EXCLUSIONS ON THE BACK OF THE APPLICATION ARE NOT SIGNED**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

REQUESTED COVERAGES	LIMIT	PREMIUM
Dwelling	\$	\$
Other Structures	\$	\$
Personal Property	\$	\$
Premises Liability	\$	\$
Satellite Dish	\$	\$
V & MM— Owner Occupied Only	\$	\$
Residence Burglary— Owner Occupied Only	\$	\$
Limited Theft— Owner Occupied Only	\$	\$
Earthquake— Owner Occupied Only	\$	\$
Supplemental Heating	\$	\$
Deductible \$ _____	\$	\$

MINE SUBSIDENCE \$ \_\_\_\_\_

TOTAL POLICY PREMIUM \$ \_\_\_\_\_

If the mine subsidence waiver for the mandatory counties listed on the back of the application is not signed, the mine subsidence premium will be charged.

If the risk is acceptable and a policy is issued, the policy is subject to the minimum earned premium shown on the declarations page if the insured requests mid-term cancellation. If the policy is cancelled pro rata the minimum earned premium does not apply.

PAYMENT IN FULL \_\_\_\_\_

2 PAYMENTS \_\_\_\_\_

4 PAYMENTS \_\_\_\_\_

6 PAYMENTS \_\_\_\_\_

8 PAYMENTS \_\_\_\_\_

AGENCY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

AGENCY CODE # \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

**THE EXCLUSIONS LISTED BELOW ARE NOT THE ONLY EXCLUSIONS IN YOUR POLICY. PLEASE MAKE SURE YOU REVIEW YOUR POLICY WITH YOUR BROKER FOR OTHER EXCLUSIONS, SPECIAL LIMITS AND DEDUCTIBLES.  
SIGN THE LIABILITY WAIVERS ONLY IF LIABILITY COVERAGE IS REQUESTED.**

**TRAMPOLINE EXCLUSION**

The following EXCLUSION applies to all coverages:

We do not pay for:

1. Any **bodily injury** or **property damage** arising out of any **occurrence** involving any trampoline owned by, or in the care, custody or control of the insured or any member of the insured's family or household; or
2. Any other **loss** or expense arising out of any **occurrence** involving any trampoline owned by, or in the care, custody or control of the insured or any member of the insured's family or household.

All other provisions of the policy apply.

I understand and agree to the terms of this endorsement and acknowledge this by my signature below:

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

**A3007 (9/99)**

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**ALL TERRAIN VEHICLE EXCLUSION**

The following EXCLUSION applies to all coverages:

We do not pay for:

1. Any **bodily injury** or **property damage** arising out of any **occurrence** involving any all terrain vehicle owned by or in the care, custody or control of the insured or any member of the insured's family or household; or
2. Any other **loss** or expense arising out of any **occurrence** involving any all terrain vehicle owned by or in the care, custody or control of the insured or any member of the insured's family or household.

All other provisions of the policy apply.

I understand and agree to the terms of this endorsement and acknowledge this by my signature below:

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

**A3005 (9/99)**

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**ANIMAL INJURY EXCLUSION**

If the applicant owns or boards any German Shepherd, Doberman, Pit Bull, Chow, Akita, Rottweiler, Great Dane, Wolf Hybrid; any mix of these breeds; any pet known to be unfriendly; any dog that has bitten; any guard dog; horses; livestock or any other large or unusual/exotic animals, sign below:

The following **EXCLUSION** applies to all coverages:

We do not pay for:

1. Any "bodily injury" or "property damage" arising out of any "occurrence" involving any animal owned by or in the care, custody or control of the "insured" or any member of the insured's family or household; or
2. Any other loss or expense arising out of any "occurrence" involving any animal owned by or in the care, custody or control of the "insured" or any member of the insured's family or household.

All other provisions of this policy apply

I understand and agree to the terms of this endorsement and acknowledge this by my signature below:

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

**A3006 (9/99)**

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MINE SUBSIDENCE COVERAGE IS MANDATORY IN THE FOLLOWING COUNTIES ONLY UNLESS WAIVED IN WRITING BY THE INSURED: BOND, BUREAU, CHRISTIAN, CLINTON, DOUGLAS, FRANKLIN, FULTON, GALLATIN, GRUNDY, JACKSON, JEFFERSON, KNOX, LASALLE, LOGAN, MCDONOUGH, MACOUPIN, MADISON, MARION, MARSHALL, MENARD, MERCER, MONTGOMERY, PEORIA, PERRY, PUTNAM, RANDOLPH, ROCK ISLAND, ST. CLAIR, SALINE, SANGAMON, TAZEWELL, VERMILION, WASHINGTON AND WILLIAMSON.

**WAIVER OF MINE SUBSIDENCE COVERAGE—ILLINOIS**

If you do not desire this coverage, and do not wish to pay the premium you must sign below where indicated.

I (We) do not desire mine subsidence insurance coverage and hereby waive any right to such coverage under the policy or any future policy covering my (our) interest in the property identified, unless I (we) request mine subsidence coverage, in writing, at some future date.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_