

Associated Underwriters, Inc.

11115 O Street, Omaha, NE 68137

(402) 592-0900 Fax: (402) 592-0962

NEBRASKA SPECIALTY DWELLING INSURANCE APPLICATION

AGENT CODE	Instructions: 1. Complete the <u>entire</u> application 2. Fax it to (402) 592-0962 OR 3. E-Mail it to auw@aunderwriters.com We will provide you with a quote just as soon as possible.	
AGENT NAME		
CONTACT PERSON		
PHONE NUMBER		FAX NUMBER
POLICY/QUOTE NUMBER		

BINDING
You Have NO BINDING AUTHORITY! NO coverage is considered bound without our specific approval! Requested Effective Date _____

POLICY INFORMATION	
DWELLING FIRE <input type="checkbox"/> BASICS One (Fire+ EC w/ACV) <input type="checkbox"/> BASICS Three (Comprehensive w/ACV) <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal - Owner Occupied <input type="checkbox"/> Primary <input type="checkbox"/> Vacant (BASICS One Only)	HOMEOWNERS <input type="checkbox"/> Classic ACV (Comprehensive w/ACV) <input type="checkbox"/> Classic CL (Comprehensive w/RC) <input type="checkbox"/> Primary <input type="checkbox"/> Seasonal

INSURED INFORMATION			
NAMED INSURED (Last, First, M.I.)	SECOND NAMED INSURED (Last, First, M.I.)		
BUSINESS NAME OR NAME AS IT SHOULD APPEAR ON DECLARATION (APPLIES TO NON-OWNER OCCUPIED RISKS ONLY)			
DATE OF BIRTH (Month, Day, Year) _____/_____/_____	SOCIAL SECURITY NUMBER ____-____-____	HOME PHONE NUMBER () ()	WORKPHONE NUMBER () ()
COMPLETE IF A SECOND NAMED INSURED IS TO BE NAMED ON THE POLICY	III IS THE SECOND NAMED INSURED A FAMILY MEMBER RELATED TO THE NAMED INSURED? DOES THE SECOND NAMED INSURED HAVE AN INSURABLE INTEREST? DOES THE SECOND NAMED INSURED LIVE IN THE DWELLING?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU HAD A FOREMOST POLICY CANCELLED OR NON-RENEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PROPERTY LOCATION ADDRESS				
STREET AND HOUSE NUMBER	CITY	STATE	ZIP CODE	COUNTY
IN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	RESPONDING FIRE DEPARTMENT	FPC	WITHIN 1,000 FT. OF FIRE HYDRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WITHIN 5 MILES OF FIRE DEPT? <input type="checkbox"/> YES <input type="checkbox"/> NO

MAILING ADDRESS			
SAME AS PROPERTY ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please provide additional information below.			
STREET AND HOUSE NUMBER	CITY	STATE	ZIP CODE

ELIGIBILITY QUESTIONS		V If question at left is "NO" skip t the next question. If "YES" select options below. V	
Is the Dwelling under renovation? <input type="checkbox"/> NO <input type="checkbox"/> YES	Work completed by a licensed contractor? <input type="checkbox"/> NO <input type="checkbox"/> YES Anticipated Completion Date ____/____/____ <input type="checkbox"/> More Than One Apply - Check All That Apply <input type="checkbox"/> Interior Cosmetic <input type="checkbox"/> New Dwelling - Fully - Enclosed* <input type="checkbox"/> Siding Replacement <input type="checkbox"/> Room Addition' <input type="checkbox"/> Window Replacement <input type="checkbox"/> Room Remodel <input type="checkbox"/> Updates to Heat / Electrical / Plumbing- <input type="checkbox"/> Roof Replacement <input type="checkbox"/> Other* _____ Unacceptable - New Dwelling Semi-Enclosed		
Are there EITHER an animal that has caused harm or an unacceptable dog? Unacceptable - Akita, Chow, American Staffordshire Terrier, Presa Canario, Pit Bull, Rottweiler, Doberman Pinscher, Wolf Hybrid or a mix of any breed not listed above. <input type="checkbox"/> NO <input type="checkbox"/> YES	Do you accept animal liability exclusion? <input type="checkbox"/> NO <input type="checkbox"/> YES		
Are there any unusual or exotic animals on premises that would increase liability concerns? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Small Lizards / Iguanas <input type="checkbox"/> Ferrets <input type="checkbox"/> Boa Constrictors / Pythons* <input type="checkbox"/> Other' _____		
Is the property currently uninsured? <input type="checkbox"/> NO <input type="checkbox"/> YES	Last date of insurance ____/____/____ <input type="checkbox"/> Policy Lapsed' <input type="checkbox"/> Never Insured*		
Have you been cancelled, declined or non-renewed, including for non-payment, within the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Non-Payment of Premium <input type="checkbox"/> Credit History <input type="checkbox"/> Change In Occupancy <input type="checkbox"/> Dwelling / Other Structures - condition* <input type="checkbox"/> LOSS History <input type="checkbox"/> Vacant <input type="checkbox"/> Unacceptable Animal* <input type="checkbox"/> Dwelling - age or Value <input type="checkbox"/> No Supporting Business <input type="checkbox"/> Other Liability Hazards* <input type="checkbox"/> Prior Carrier Withdrew State/Agency <input type="checkbox"/> Lack of Heat / Electric / Plumbing Updates* <input type="checkbox"/> Other' _____		
Is the electrical service less than 100 AMP? <input type="checkbox"/> NO <input type="checkbox"/> YES*			
Is there a trampoline on premises? <input type="checkbox"/> NO <input type="checkbox"/> YES*	If YES and liability is an policy, do you accept the Trampoline Exclusion? <input type="checkbox"/> NO <input type="checkbox"/> YES		

DWELLING INFORMATION	
YEAR BUILT: _____	YEAR UPDATED (Complete updates only): Plumbing _____ Electrical _____ Heating _____ Roof _____
ROOF TYPE: <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Wood Shake <input type="checkbox"/> Tile <input type="checkbox"/> Other* _____	
SECURITY DEVICES: <input type="checkbox"/> None <input type="checkbox"/> Bars on Windows & Doors <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Central Fire Alarm <input type="checkbox"/> Dead Bolt <input type="checkbox"/> Other' _____ <input type="checkbox"/> Burglar Alarm (Includes both Local & Central)	
Is the dwelling a row house or townhouse joined by more than one common wall? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Does the applicant want the landlord package? <input type="checkbox"/> NO <input type="checkbox"/> YES	

LOSS HISTORY							
Have there been any losses at this or any other location owned or previously owned by the applicant within the last 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, Please provide information							
DATE	CAUSE (Example: Fire, Wind, Hail)	OCCUPANCY AT TIME OF LOSS?	DESCRIPTION	WAS LOSS LOCATION SAME AS DWELLING LOCATION?	AMOUNT PAID	STATUS	REPAIRED
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> NO <input type="checkbox"/> YES

• Underwriting approval is required

COVERAGE AND LIMITS

**For Classic ACV & Classic CL only if amount requested is greater than package limits.*

COVERAGES	AMT. OF INS.	DEDUCTIBLE	PREMIUM
DWELLING VMM (BASICS One) <input type="checkbox"/> YES <input type="checkbox"/> NO (Minimum \$500 deductible an vacants)	\$	\$	\$
OTHER STRUCTURES* (include description & limits for each structure In 'REMARKS'. Photo required an each structure)	\$	\$	\$
PERSONAL PROPERTY*	\$	\$	\$
ADDITIONAL LIVING EXPENSES* Maximum 25% per month for settlement (BASICS One & BASICS Three)	\$	\$	\$
LOSS OF RENTS Maximum 1/12 per month for settlement (BASICS One & BASICS Three)	\$	\$	\$
LIABILITY* <input type="checkbox"/> CPL <input type="checkbox"/> LANDLORD	\$	NIA	\$
MEDICAL PAYMENTS	\$	NIA	\$
OTHER COVERAGES / ENDORSEMENTS (Specify)			
			\$
			\$
			\$
			\$
DISCOUNTS / SURCHARGES (Specify),	Total From Above		\$
	Discounts / Surcharges		\$
	Estimated Premium		\$

ADDITIONAL INTEREST

MORTGAGEE CODE (If Assigned)	INDICATE INSURABLE INTEREST:
NAME	<input type="checkbox"/> Mortgages
ADDRESS	<input type="checkbox"/> Land Contract
	<input type="checkbox"/> Co-Titleholder
	<input type="checkbox"/> Add'l named Insured
CITY STATE ZIP CODE	<input type="checkbox"/> Loss Payee
LOAN NUMBER COUNTRY (If not USA)	<input type="checkbox"/> Life Estate
	<input type="checkbox"/> Title Holder
	<input type="checkbox"/> Third Party Designee

ADDITIONAL INTEREST

MORTGAGEE CODE (If Assigned)	INDICATE INSURABLE INTEREST:
NAME	<input type="checkbox"/> Mortgagee
ADDRESS	<input type="checkbox"/> Land Contract
	<input type="checkbox"/> Co Titleholder
	<input type="checkbox"/> Add'l Named Insured
CITY STATE ZIP CODE	<input type="checkbox"/> Loss Payee
LOAN NUMBER COUNTRY (if not USA)	<input type="checkbox"/> Life Estate
	<input type="checkbox"/> Title Holder
	<input type="checkbox"/> Third Party Designee

PAYMENT PLANS / BILLING

Agents must collect down payment, except when escrow billed.

ANNUAL PAY TEN-PAY

TWO-PAY ESCROW BILL

FOUR-PAY

DOWN PAYMENT COLLECTED \$ _____

A service charge will apply if payment plan is other than annual.

ALTERNATE ADDRESS

SAME AS HOME LOCATION EFFECTIVE DATES: FROM: _____ TO: _____

DATES SHOWN ARE VALID ONE-TIME CHANGE, ONLY YEARLY

ADDRESS CITY STATE ZIP CODE

COUNTRY (If not USA)

REMARKS

Blank area for remarks.

SIGN AND DATE THIS APPLICATION

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

In connection with this application for insurance we may review your credit report or obtain or use a credit based insurance score based on information contained in that credit report. We may use a third party in connection with the development of your insurance score.

By signing this application I understand and consent to the following items:

- The coverage(s), limits and deductibles shown are those I selected.
- The Company may investigate and secure consumer reports including records of loss history reports and the credit report information as described above, for persons listed in the application. I further agree that the Company may investigate and secure new consumer reports in evaluating this policy for each future renewal or replacement policy.
- I declare that all information on this application is true and complete to the best of my knowledge and belief, I understand that the Company will rely on this information in determining my eligibility and rate.

APPLICANT SIGNATURE _____ DATE _____

AGENT NAME (Please Print) _____ DATE _____

AGENT SIGNATURE _____