

General Applicant Information

Applicant(s) Name/Address 	Agent: _____ No: _____												
Telephone Number(s):	Bill to: _____ Pay Plan: _____ Deductible: _____												
Email Address:	IRPM(s) _____ Amount _____												
Policy Period From 08/28/2020 None to 08/28/2021 None													
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">D/O/B</td> <td style="width:25%;">SSN</td> <td style="width:40%;">Occupation</td> <td style="width:10%;">Yrs.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	D/O/B	SSN	Occupation	Yrs.								
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Location of Property Insured

Loc. No.	Location	City	Acres	Sec - Twp - Rng	Township Name	County Name	ST	Zip Code	Protect. Cls.
1									
2									
3									
4									

Property Coverage

Item No.	Loc No.	Property to be Insured	Amount of Coverage	Premium
1		{'coveragedetail': ' '}		incl.
2		{'coveragedetail': ' '}		incl.
Liability - Attach FPL or PL Application				
Total Insurance				

Additional Interests

	Interest: _____ Escrow: _____
	Loan #: _____
	Item(s): _____
	Interest: _____ Escrow: _____
	Loan #: _____
	Item(s): _____

Dwellings														
Item No.	Overall Condition	W	L	H	Sq. Ft.	Construction			Year Built			Roof Kind		Roof Year
1														
2														

Dwellings (continued)														
Item No.	Heating				Foundation		Wiring			Plumbing			If Tenant Occupied	
	Primary		Secondary										Tenant	
	Kind	Year	Kind	Year	Type	Cond.	Type	Year	Cond.	Type	Year	Cond.	Tenant	
1														
2														

Outbuildings & Structures													
Item No.	Loc. No.	Property to be Insured	Class/Type	W	L	H	Construction	Year Built	Roof Kind	Roof Year	Amount of Coverage	Premium	
1		{'covereddetail': ' '}										incl.	
2		{'covereddetail': ' '}										incl.	
3		{'covereddetail': ' '}										incl.	
4		{'covereddetail': ' '}										incl.	
											Total		

Underwriting Questions			
#	Question	Response	Explanation
1	Any other insurance with this company? If yes, please provide policy number.		
2	Have you had any losses in the past 5 years?		
3	Has any coverage been declined, cancelled, or non-renewed during the last three years?		
4	Previous Insurance Carrier		
5	Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy in the past five (5) years?		
6	Have you or a any member of your household been convicted of any crime?		
7	Did you, the agent, inspect the property and other structures? If yes, when?		
8	Do you recommed this risk?		
9	Do you have a photo of the property? If yes, please submit photos with the application.		
10	Is the described dwelling seasonal?		

Underwriting Questions (continued)			
11	Does any other person or party have an interest in the property?		
12	Any farming or other business conducted on premises? If yes, what type of business?		
13	Does the insured or tenant baby sit for more than three children?		
14	Any other residence owned, occupied or rented?		
15	Any lead paint hazard?		
16	Is building undergoing renovation or reconstruction?		
17	Are there are "woodburners" (fireplaces, wood furnace, corn burning unit, etc) in dwelling or any outbuilding? If yes, was it professionally installed? If so, when? Additionally, please provide photos with application along with the completed questionnaire.		
18	Is there a swimming pool on the premises? If so, is it fenced?		
19	Is there a trampoline on the premises? If so, is the yard fenced with at least a 4 foot fence?		
20	Is there livestock on the premises?		
21	Is there a dog on the premises? If so, what type of breed?		
22	Is there a mobile home?		
23	Is the mobile home anchored?		
24	Is any property located in Bureau, Grundy LaSalle, Putnam, Rock Island County? If yes, you are required to either purchase mine subsidence coverage (on the coverage page) or reject the coverage. If you would like to decline the coverage, the Mine Subsidence Waiver must be signed and returned to us.		

Liability Section - ,			
Code	Coverage	Limits of Liability	Premium

Code	Loc No.	Coverage	Premium
			Total Liability Premium

Loss Experience			
Loss Date	Type of Loss	Description	Amount

Loss Experience (continued)			

Signatures

APPLICANT'S SIGNATURE REQUIRED

Applicant agrees that this application is correct and that no material facts have been withheld. Applicant understands that the insurance applied for will not be effective until the application is approved by an authorized representative of the association or company, and further understands that the insurance will be subject to all terms, conditions and provisions of a policy to be issued based on this application. Applicant agrees that all premiums levied under the policy will be paid when due and understands the insurance-to-value requirements necessary on unscheduled farm personal property (blanket) owned by the applicant at the time of loss. Personal information about you, including information from a credit report, may be collected from persons other than you, in connection with this application for insurance and subsequent renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us. State law requires that we inform you that we will consider your claims history in determining whether to decline, cancel, nonrenew or surcharge the policy for which you are applying. In addition, any claim made by you will be reported to an insurance support organization. Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose 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.

Date

Applicant's Signature

Applicant's Signature

Date Agent Inspected for Insurability

Agent's Signature