

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: <input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant		
† 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:	NAMED INSURED'S EMAIL ADDRESS:	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 <i>The General Annual Aggregate is equal to twice the limit shown above for Coverage E – Liability to Public. The Annual Aggregate Limit for pollution risks is \$300,000.</i>						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:		PAYMENT PLAN:		PAYMENT METHOD:		BILLING NAME AND ADDRESS:				
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL INSURED	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> EFT
MORTGAGEE NAME AND ADDRESS:					LOSS PAYEE NAME AND ADDRESS:							
PREMIUMS	FIRE \$	WINDSTORM-HAIL \$	LIABILITY \$	OTHER \$	TOTAL \$	BILLING MODE						

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:

CONSTRUCTION TYPE		RENOVATIONS	PARTIAL	COMPLETE	YEAR	YEAR BUILT	ROOF MATERIAL		CONDITION OF ROOF			
<input type="checkbox"/>	FRAME	ELECTRICAL					<input type="checkbox"/>	SLATE	<input type="checkbox"/>	CEMENT/ACRYLIC FIBER TILES	<input type="checkbox"/>	EXCELLENT
<input type="checkbox"/>	MASONRY	PLUMBING				PURCHASE PRICE	<input type="checkbox"/>	CONCRETE	<input type="checkbox"/>	SHINGLES	<input type="checkbox"/>	GOOD
<input type="checkbox"/>	MASONRY VENEER	HEATING				PURCHASE DATE	<input type="checkbox"/>	CEMENT/ WOOD FIBER	<input type="checkbox"/>	WOOD	<input type="checkbox"/>	AVERAGE
<input type="checkbox"/>	FIRE RESISTIVE	ROOFING					<input type="checkbox"/>	CEMENT/ SILICA CELLULOSE FIBER	<input type="checkbox"/>		<input type="checkbox"/>	BELOW AVERAGE
SIDING		FIREPLACES (Enter No.)		SWIMMING POOL		NO. OF STORIES	USAGE TYPE		PLUMBING SYSTEM CONDITION			
<input type="checkbox"/>	VINYL SIDING	<input type="checkbox"/>	CHIMNEYS	<input type="checkbox"/>	NONE	<input type="checkbox"/>	PRIMARY	<input type="checkbox"/>	EXCELLENT	<input type="checkbox"/>	AVERAGE	
<input type="checkbox"/>	ALUMINUM SIDING	<input type="checkbox"/>	HEARTHES	<input type="checkbox"/>	IN GROUND	<input type="checkbox"/>	SECONDARY	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	BELOW AVERAGE	
<input type="checkbox"/>	STUCCO	<input type="checkbox"/>	PRE-FAB	<input type="checkbox"/>	ABOVE GROUND	SQ FT	<input type="checkbox"/>	SEASONAL	ANY KNOWN LEAKS?			
<input type="checkbox"/>	CEDAR, WOOD, SHINGLE	<input type="checkbox"/>	SOLID FUEL BURNING	<input type="checkbox"/>	APPROVED FENCE	GARAGE SQ FT	BASEMENT		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	MFG HOME	<input type="checkbox"/>	WOOD STOVE INSERT	<input type="checkbox"/>	DIVING BOARD	MARKET VALUE	<input type="checkbox"/>	NONE	HOUSEKEEPING CONDITION			
HEAT TYPE (Natural Gas, LP, etc.)		DATE HEATING SYSTEM LAST SERVICED:		SLIDE		\$	<input type="checkbox"/>	FINISHED	<input type="checkbox"/>	EXCELLENT	<input type="checkbox"/>	AVERAGE
PRIMARY:							<input type="checkbox"/>	UNFINISHED	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	BELOW AVERAGE
SECONDARY:							BASEMENT SQ FT:		DWELLING DIMENSIONS			
<input type="checkbox"/>		NONE							L:	W:	H:	
PROTECTION CLASS				DWELLING LOCATION				SECURITY DEVICE TYPE				
				<input type="checkbox"/>				SYSTEM				
				<input type="checkbox"/>				FIRE ALARM				
DISTANCE TO				<input type="checkbox"/>				CENTRAL				
HYDRANT:		FIRE STATION:		<input type="checkbox"/>				DIRECT				
FT		MI		<input type="checkbox"/>				LOCAL				
				<input type="checkbox"/>				BURGLAR ALARM				

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, JUDGMENT 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 INSUREDS OR ADDITIONAL NAMED INSUREDS 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, orchard/gardens, tree farms, antique/craft shops)		
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.)		
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. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
15. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO		
16. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value.)				
17. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?				
18. IS HOUSE FOR SALE?				
19. ARE THE PREMISES EQUIPPED WITH FIRE EXTINGUISHERS, SPRINKLER SYSTEMS AND/OR SMOKE DETECTORS?				
20. ARE ANY RENTAL PREMISES EQUIPPED WITH FIRE EXTINGUISHERS, SPRINKLER SYSTEMS AND/OR SMOKE DETECTORS?				
21. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?				
22. a. DOES THE APPLICANT OWN ANY WATERCRAFT?				
b. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (Snowmobiles, Dune Buggies, Gas Powered Scooters, Mini Bikes, ATVS, etc.)?				
<i>(Please list all watercraft and RV's below.)</i>				
YEAR	SIZE OF MOTOR	BODY TYPE	MAKE	MODEL
23. HOW WILL THE WATERCRAFT OR RV BE INSURED?				
<input type="checkbox"/> SELECT RECREATIONAL VEHICLE ENDORSEMENT				
<input type="checkbox"/> RECREATIONAL VEHICLE POLICY				

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

ADDITIONAL INSURED(S):

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

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

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BINDER/SIGNATURE

THE APPLICANT APPLIES TO: FOR INSURANCE FOR FIRE AND ALLIED PERILS	AND TO: 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.
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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.

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.

IA APPLICANTS – EXTRAORDINARY LIFE CIRCUMSTANCES DISCLOSURE – WE WILL UPON WRITTEN REQUEST FROM AN APPLICANT PROVIDE REASONABLE EXCEPTIONS TO THE RATES, RATING CLASSIFICATIONS, COMPANY OR TIER PLACEMENT, OR UNDERWRITING RULES OR GUIDELINES FOR AN APPLICANT WHO HAS EXPERIENCED AND WHOSE CREDIT INFORMATION HAS BEEN DIRECTLY INFLUENCED BY CERTAIN EVENTS. CATASTROPHIC EVENT, AS DECLARED BY THE FEDERAL OR A STATE GOVERNMENT AS FOLLOWS: SERIOUS ILLNESS OR INJURY, OR SERIOUS ILLNESS OR INJURY TO AN IMMEDIATE FAMILY MEMBER, DEATH OF A SPOUSE, CHILD, OR PARENT, DIVORCE OR INVOLUNTARY INTERRUPTION OF LEGALLY OWED ALIMONY OR SUPPORT PAYMENTS, IDENTITY THEFT, TEMPORARY LOSS OF EMPLOYMENT FOR A PERIOD OF THREE MONTHS OR MORE, IF SUCH LOSS RESULTS FROM INVOLUNTARY TERMINATION OF EMPLOYMENT, MILITARY DEPLOYMENT OVERSEAS, OTHER EVENTS, AS DETERMINED BY THE INSURER.

IF A CONSUMER SUBMITS A REQUEST FOR AN EXCEPTION AS SET FORTH ABOVE, AN INSURER MAY, IN ITS SOLE DISCRETION, BUT IS NOT REQUIRED TO, DO ANY OF THE FOLLOWING:

REQUIRE THE CONSUMER TO PROVIDE REASONABLE WRITTEN AND INDEPENDENTLY VERIFIABLE DOCUMENTATION OF THE EVENT, REQUIRE THE CONSUMER TO DEMONSTRATE THAT THE EVENT HAD DIRECT AND MEANINGFUL IMPACT ON THE CONSUMER'S CREDIT INFORMATION, REQUIRE SUCH REQUEST TO BE MADE NO MORE THAN SIXTY DAYS FROM THE DATE OF THE APPLICATION FOR INSURANCE OR THE POLICY RENEWAL, GRANT AN EXCEPTION DESPITE THE FACT THAT THE CONSUMER DID NOT PROVIDE THE INITIAL REQUEST FOR AN EXCEPTION IN WRITING, GRANT AN EXCEPTION WHERE THE CONSUMER ASKS FOR CONSIDERATION OF REPEATED EVENTS OR THE INSURER HAS CONSIDERED THIS EVENT PREVIOUSLY.

MN APPLICANTS – I ACKNOWLEDGE THAT I HAVE BEEN GIVEN A COPY OF THE NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW (1957 MN); **THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.**

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.

BOUND COVERAGE: COVERAGE IS BOUND AS OF THE EFFECTIVE DATE SHOWN ON THIS APPLICATION.

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
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