



BEST RATING A

MISSOURI DWELLING APPLICATION

REQUESTED EFFECTIVE DATE:	REQUESTED EXPIRATION DATE:	
APPLICANT'S NAME (name on deed and living in home)	SOCIAL SECURITY #	DATE OF BIRTH
CO-APPLICANT'S NAME (name on deed and living in home)	SOCIAL SECURITY #	DATE OF BIRTH
MAILING ADDRESS		
CITY	COUNTY	TERRITORY STATE ZIP CODE
LOCATION OF HOME IF DIFFERENT FROM MAILING ADDRESS		
ADDITIONAL INSURED'S NAME AND ADDRESS (name on deed but not living in the home)		
MORTGAGEE	LOAN #	BILL MORTGAGEE AT RENEWAL: YES____ NO____
MORTGAGEE'S MAILING ADDRESS		

Occupancy: Owner Occupied\_\_\_\_ / Seasonal\_\_\_\_ / Rental\_\_\_\_  
 If Rental, Tenant Name\_\_\_\_\_  
 Breaker Box\_\_\_\_ / Fuses\_\_\_\_ / Size of Service (amp)\_\_\_\_\_  
 Year Built\_\_\_\_ / Protection Class\_\_\_\_\_  
 Miles from Fire Dept.\_\_\_\_ / Feet from Fire Hydrant\_\_\_\_\_  
 Total Square Feet\_\_\_\_ / Ground Square Feet\_\_\_\_\_  
 Age of Roof\_\_\_\_ / Type of Roof\_\_\_\_\_  
 Electrical Update\_\_\_\_ / Plumbing Update\_\_\_\_\_  
 Heating Update\_\_\_\_ / Type of Heat\_\_\_\_\_  
 Number of stories\_\_\_\_ / Number of families\_\_\_\_\_  
 Construction: Frame\_\_\_\_ Masonry\_\_\_\_ Other (describe)\_\_\_\_\_  
 Purchase Date\_\_\_\_ / Purchase Price\_\_\_\_\_  
 Actual Cash Value—Excluding Land \$\_\_\_\_\_  
 Method used to determine value\_\_\_\_\_

REQUESTED COVERAGES	LIMIT	PREMIUM
Dwelling	\$	\$
Unattached Structures	\$	\$
Personal Property	\$	\$
Personal Liability—owner occupied	\$	\$
Premises Liability—rental / seasonal	\$	\$
Satellite Dish / Antenna	\$	\$
V&MM		\$
Burglary—owner occupied only		\$
Limited Theft—owner occupied only		\$
\$10,000 Animal Injury Liability—owner occupied only		\$
Dwelling 40+ Years Old Surcharge		\$
Manufactured Home Surcharge		\$
Supplemental Heating Surcharge		\$
All Other Peril Deductible \$		\$
\$1,000 Windstorm / Tornado / Hail Deductible		\$ included
<i>NOTE: If a \$1,500 or \$2,500 all other peril deductible is selected for a premium credit, the higher deductible (\$1,500 or \$2,500) selected will also apply to windstorm / tornado / hail.</i>		
POLICY FEE		\$ 40.00
TOTAL POLICY PREMIUM		\$

AGENCY NAME  
 MAILING ADDRESS  
 AGENCY CODE # TELEPHONE # FAX#

ALL QUESTIONS MUST BE ANSWERED ON BOTH PAGES OF THE APPLICATION BEFORE COVERAGE IS CONSIDERED BOUND.

MINIMUM EARNED PREMIUM—REFER TO THE DECLARATIONS

SELECT PAYMENT OPTION		
PAYMENT IN FULL____	2 PAYMENTS____	6 PAYMENTS____
	4 PAYMENTS____	8 PAYMENTS____

1. Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Yrs. Employed \_\_\_\_\_
2. Previous Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_
3. If applicable: Cancellation Date \_\_\_\_\_ / Nonrenewal Date \_\_\_\_\_
4. Has applicant had any claims/losses in the past five (5) years at any location? Yes \_\_\_ No \_\_\_  
If yes, provide details \_\_\_\_\_
5. Describe any animals owned by the applicant \_\_\_\_\_
6. Does the applicant own or board any German Shepherd, Doberman, Pit Bull, Chow, Akita, Rottweiler, Great Dane, Wolf Hybrid, or any mix of these breeds or any pet known to be unfriendly or any dog that has bitten or does the applicant own or board horses or livestock or any other large or unusual/exotic animals? Yes \_\_\_ No \_\_\_  
THE ANIMAL INJURY LIMIT BUYBACK IS NOT AVAILABLE ON RENTAL AND SEASONAL RISKS. THE ANIMAL INJURY LIMIT BUYBACK IS ALSO NOT AVAILABLE FOR OWNER OCCUPIED RISKS IF THE APPLICANT OWNS ANY OF THE ABOVE CAPTIONED ANIMALS.

IF YES—SUBMIT—DO NOT BIND

1. Is the dwelling equipped with any supplemental heating source? If yes, provide details. If a woodstove, submit with interior photos showing the stove and flue exit and an exterior photo of the chimney, plus a completed Aegis woodstove report with details. Yes \_\_\_ No \_\_\_

IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK

1. Is any business conducted on premises or in the dwelling? Yes \_\_\_ No \_\_\_
2. Is the dwelling vacant, unoccupied, condemned, without utilities, under renovation / construction or a converted commercial building? Yes \_\_\_ No \_\_\_
3. Has the applicant had any fire, theft or liability loss or more than one (1) minor loss / claim at any location in the past three (3) years? If applicant has sustained a liability loss, the risk may be written without liability coverage. Yes \_\_\_ No \_\_\_
4. Does the dwelling have any damage that has not been repaired? 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.*

*I have reviewed all of the information on the front and back of the application, including coverages, coverage limits, minimum earned premium and special deductibles (if applicable), with my broker and verify that all the information is accurate.*

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

*I have reviewed all the information on the front and back of the application, including coverages, coverage limits, minimum earned premium and special deductibles (if applicable) with the applicant.*

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