

**BEAR RIVER MUTUAL INSURANCE COMPANY**  
**Dwelling Property Insurance Application**

**DP1**     **DP2**  
 **DP3**

**POLICY NO.** \_\_\_\_\_  
 For office use only

**APPLICANT'S NAME AND MAILING ADDRESS**  
 including City, State, Zip

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

**AGENT INFO.** Agency Name & Address

Agent No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Producer/CSR Name \_\_\_\_\_

For office use only

Applicant SSN \_\_\_\_\_ Co-Applicant SSN \_\_\_\_\_

Applicant & Co-Applicant Occupation (State nature of business if self-employed)

\_\_\_\_\_

**LOCATION OF PROPERTY**

\_\_\_\_\_

\_\_\_\_\_

**Previous Address** (if less than 1 year at current) Own  Rent   
 (Owner occupied only)

\_\_\_\_\_

\_\_\_\_\_

Effective Date of Policy: \_\_\_\_\_

**OTHER BRM POLICY NUMBERS**  
 (Required to write DP)

**PAYMENT INFO** Payment Made: Yes  No  Amount \_\_\_\_\_ Check No. \_\_\_\_\_

Method Full  Pay Plan  EFT  Mortgage  Check rec'd from: Insured  Agent  Other

**C** \_\_\_\_\_

**HO.** \_\_\_\_\_

**OCCUPANCY STATUS**

Is home occupied by OWNER  TENANT

If multiple units, number of family members in each unit? Unit 1 \_\_\_\_\_ Unit 3 \_\_\_\_\_  
 Unit 2 \_\_\_\_\_ Unit 4 \_\_\_\_\_

Is policy for Course of Construction Yes  No  If yes, date construction started \_\_\_\_\_ Est. date of completion \_\_\_\_\_

**COVERAGE** Year \_\_\_\_\_  Brick **Deductible** \_\_\_\_\_ **Protection Class** \_\_\_\_\_  
**LIMIT OF LIABILITY** Built \_\_\_\_\_  Frame **Amount** \$ \_\_\_\_\_ **Number of Units** \_\_\_\_\_

**A. Dwelling**

\$ \_\_\_\_\_

**B. Structures**

10% of Coverage A

**C. Personal Property**  
 (Optional for Insured Location Only)

\$ \_\_\_\_\_

**Personal Liability (DL)** **Optional Coverage**

\$25,000 Basic Limit  \$100,000 Limit

\$50,000 Limit  \$300,000 Limit

**DP2 and DP3 Only**

**D. Fair Rental Value and**  
**E. Additional Living Expense**

**Outbuildings** Same location only

1. Additional Outbuilding Coverage \$ \_\_\_\_\_

**Medical Payment to Others**

Included in Premium \$1,000 each Person  
 Cannot Be Increased \$25,000 each Accident

20% of Coverage A  
 (Cannot Be Increased)

2. Additional Outbuilding Coverage \$ \_\_\_\_\_

**Outbuilding Description(s) & Use (Photo Required)**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AGENT NOTES TO UNDERWRITER**

\_\_\_\_\_

\_\_\_\_\_

**PREMIUM INFORMATION**

Base Policy Premium \_\_\_\_\_

Additional Premium \_\_\_\_\_

Discount Premium \_\_\_\_\_

**TOTAL PREMIUM** \_\_\_\_\_

**LENDER / ADDITIONAL INTEREST**  **Trust** (Questionnaire Required)  **Contract of Sale** (Named insured must be on title)

1. Addl. Interest <input type="checkbox"/> Mortgage Company <input type="checkbox"/>  Loan Number _____ _____ _____ _____	2. Addl. Interest <input type="checkbox"/> Mortgage Company <input type="checkbox"/>  Loan Number _____ _____ _____ _____	3. Addl. Interest <input type="checkbox"/> Mortgage Company <input type="checkbox"/>  Loan Number _____ _____ _____ _____
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**BUILDING INFORMATION** *XactValue ID #* \_\_\_\_\_

<b>Construction</b>	<b>NO CONDOS/TOWNHOUSES</b>	<b>Replacement Value</b>	<b>Roof Type</b>
<input type="checkbox"/> Pre-Fab / Modular	<input type="checkbox"/> Secondary Dwelling	Square Footage _____	<input type="checkbox"/> Asphalt Shingles
<input type="checkbox"/> Site - Built Home	<input type="checkbox"/> Duplex	Basement _____	<input type="checkbox"/> Shake / Wood Shingles
<input type="checkbox"/> Manufactured	<input type="checkbox"/> Triplex	% of basement complete _____	<input type="checkbox"/> Metal Roofing
<input type="checkbox"/> PUD	<input type="checkbox"/> Fourplex		<input type="checkbox"/> Clay / Concrete Tile
			<input type="checkbox"/> Flat Roof / Slightly Pitched
			<input type="checkbox"/> Tar / Gravel

**QUESTIONS BELOW APPLY TO BOTH OWNER AND TENANT**

<b>BUSINESS INFORMATION</b>	<b>Usage Type</b>	<b>Heat Source</b>	<b>Other Heat Source</b>	<b>Other</b>
Is there a business operated out of home? If yes explain  Yes <input type="checkbox"/> No <input type="checkbox"/> Explain _____ _____	<input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Vacant (Do not write) <input type="checkbox"/> For Sale (Do not write)	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Radiant Heat	<input type="checkbox"/> Woodstove Yes <input type="checkbox"/> No <input type="checkbox"/> (attach form/photo) <input type="checkbox"/> Fireplace	<input type="checkbox"/> Trampoline Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Fenced (6') <input type="checkbox"/> Unfenced <input type="checkbox"/> Swimming Pool <input type="checkbox"/> on Premises

Distance to fire hydrant \_\_\_\_\_ Distance from and/or name of responding Fire Department \_\_\_\_\_

**Animal(s)** (Includes tenants)

Dog(s) Number \_\_\_\_\_ Specific Breed(s) \_\_\_\_\_  Kennel  Fenced  Inside  Other

Horse(s) Number \_\_\_\_\_  Corralled on Premise  Other Location Address \_\_\_\_\_

Yes  No

Other articles or collections of great value (guns, antiques, jewelry, silver, etc.). \_\_\_\_\_

Any losses for F. EC., Theft, liability past three years (explain). \_\_\_\_\_

Has any insurer declined or non-renewed any fire, theft, or personal liability insurance (explain)? \_\_\_\_\_

**BINDER STATEMENT / SIGNATURES**

BINDER: YES  NO  **COVERAGE IS BOUND EFFECTIVE** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

If the "YES" box above is checked, the following conditions apply. This Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies), including arbitration provision, in current use by the Company. This binder may be canceled by the Insured by surrender of this binder or by written notice by the Company to the insured in accordance with the policy conditions. This binder is canceled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the rules and rates in use by the Company.

**IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:** In making this application for insurance, it is understood that as part of our underwriting procedure, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. Upon your written request, we will furnish, in writing, a description of the nature and scope of the investigation requested.

**Prior Insurance and Policy Number** \_\_\_\_\_

**Purchase or Move In Date** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature of Agent** \_\_\_\_\_ **Date** \_\_\_\_\_