

BEAR RIVER MUTUAL INSURANCE COMPANY
Homeowner Insurance Application

HO3

Uploaded

Mailed

POLICY NO.

For office use only

APPLICANT'S NAME AND PROPERTY ADDRESS
 including City, State, Zip _____
 Years at Current _____

AGENT INFO. Agency Name & Address _____

Agent No. _____

Producer/CSR Name _____

For office use only

Effective Date of Policy: _____

PAYMENT INFO Payment Made: Yes No Amount _____ Check No. _____

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

OTHER BRM POLICY NUMBERS

C _____

Previous Address Own Rent
 (if less than 1 year at current)

MAILING ADDRESS (if different from above)

DUPLEX ADDRESS (HO2470) (must be attached to insured location) _____

BUSINESS INFORMATION Is there a business operated out of home? If yes explain Yes No Explain _____

Applicant Occupation (State nature of business if self-employed)	Social Sec. No.	Date of Birth	Home Phone	Work Phone	Mar Stat
Co-Applicant Occupation (State nature of business if self-employed)	Social Sec. No.	Date of Birth	Home Phone	Work Phone	Mar Stat

COVERAGE Year _____ Brick Frame **Deductible** _____ **Protection** _____

LIMIT OF LIABILITY **Built** _____ **Amount** _____ **Class** _____

A. Dwelling	B. Appurtenant Structures	C. Unscheduled Personal Property	D. Additional Living Expense	E. Personal Liability Each Occurrence	F. Medical Payment to Others <input type="checkbox"/> \$1,000 Each person <input type="checkbox"/> \$3,000 Each Person
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ENDORSEMENTS / DISCOUNTS Yes Course of Construction Est. date of completion _____

* **Documentation is required.**

(+) Replacement Cost - Dwelling - HO420 *

(+) Replacement Cost Contents - HO490

(+) Age Roof Swimming Pool Stove

(+) Earthquake - HO454

(+) Scheduled Property - HO461 *

(+) Extended Rental Liability - HO2470

(+) Increase Personal Liability

(+) Increase Medical Payment to Others

(+) Permitted Incidental Occupancies - HO442

(-) Deductible Discount

(-) Package Discount

(-) Non-Smoker Discount

(-) New Home Discount

(-) Mature Discount (55+)

(-) Central Alarm Discount - HO416 *

NOTES

PREMIUM INFORMATION

Base Policy Premium _____

Additional Premium _____

Discount Premium _____

TOTAL PREMIUM _____

LENDER / ADDITIONAL INTEREST **Trust** (Questionnaire Required) **Contract of Sale**

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 #* _____

Construction <input type="checkbox"/> Pre-Fab / Modular <input type="checkbox"/> Site - Built Home <input type="checkbox"/> Manufactured <input type="checkbox"/> Condo / Townhouse <input type="checkbox"/> PUD <input type="checkbox"/> Secondary Dwelling	Replacement Value Square Footage _____ # Rooms _____ # Bathrooms _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Basement % of basement complete _____ <input type="checkbox"/> Garage _____ <input type="checkbox"/> Carport <input type="checkbox"/> Remodeling	Roof Type <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Shake / Wood Shingles <input type="checkbox"/> Metal Roofing <input type="checkbox"/> Clay / Concrete Tile <input type="checkbox"/> Flat Roof / Slightly Pitched <input type="checkbox"/> Tar / Gravel <input type="checkbox"/> _____ Date Replaced	Usage Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm
Occupied By <input type="checkbox"/> Owner (No. of families in household) _____ <input type="checkbox"/> Other than insured family, are there any other occupants in household? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain. _____	Heat Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Radiant Heat	Other Heat Source <input type="checkbox"/> Woodstove Yes <input type="checkbox"/> No <input type="checkbox"/> (attach form/photo) <input type="checkbox"/> Fireplace	Trampoline Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Fenced (6') <input type="checkbox"/> Unfenced Swimming Pool Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> on Premises <input type="checkbox"/> Clubhouse
Distance to fire hydrant _____ Distance from and/or name of responding Fire Department _____		Protection Devices <input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke <input type="checkbox"/> Burglar <input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher	

Animal(s)
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 cancelled 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 cancelled 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 _____

Year Home Purchased / Move-In Date _____

Signature of Applicant _____

Date _____

Signature of Agent _____

Date _____