

**MID-CONTINENT INSURANCE COMPANY**  
**DWELLING APPLICATION – A separate application is required for each dwelling.**

APPLICANT'S NAME & MAILING ADDRESS: \_\_\_\_\_

PHONE # FOR INSPECTION: \_\_\_\_\_

Requested POLICY PERIOD: INCEPTION DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

FULL ADDRESS OF LOCATION: \_\_\_\_\_

AGENCY: \_\_\_\_\_

<b>COVERAGE REQUESTS:</b>				
DWELLING COVERAGE:	PERSONAL PROPERTY	RENTAL VALUE	OTHER STRUCTURES ON PREMISES	DEDUCTIBLE (MINIMUM \$250.)
\$	\$	\$	\$	\$

<b>DWELLING DESCRIPTION:</b>				
CONSTRUCTION TYPE: ( )FRAME ( )JOISTED MASONRY ( )OTHER: Describe				
FAMILIES: ( )ONE ( )TWO ( )THREE			FIREWALL SEPARATION ( )YES ( )NO N/A ( )	
YEAR OF CONSTRUCTION:			YEAR OF PURCHASE:	
MORTGAGE HOLDER (Name and Address):				
OCCUPANCIES of adjacent exposures: Right _____ Left _____ Rear _____				
ANY OPERATIONAL FIREPLACES/HEATSTOVES? ( )YES ( )NO , if yes list number & location				
AGE, CONDITION OR REPLACEMENT OF SERVICES				
	HEATING	ELECTRICAL & WIRING	PLUMBING	ROOF
TYPE				
AGE				
INSPECTED	Year:	Year:	Year:	Year:
CONDITION				

<b>HISTORY:</b>			
PRIOR CARRIER:			
DID THEY: ( )CANCEL ( )NON-RENEW ( )DECLINE If so, why?			
EXPLAIN ANY BREAK IN COVERAGE.			
CLAIM RECORD (PAST 3 YEARS)	DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PD:

<b>LIABILITY INFORMATION:</b> Complete the following section only if you are requesting liability coverage.			
Limits of Liability Requested:	\$	per occurrence	\$ aggregate
Occupancies of any other structures on the premises:			
SWIMMING POOL: ( )YES ( )NO			
IS YARD FENCED OR IS THERE A FENCED AREA FOR ANIMALS? ( )YES ( )NO If yes, please complete the following:			
Construction of fence?	Height?	Condition?	Gate is secured by?
ANIMALS ON PREMISES: ( )YES ( )NO, if yes please complete this section			
ANIMAL(S) check all that apply DOG ( ) OTHER ( ) describe:			
HOUSED: ( )IN HOUSE ( )OUTDOORS ( )BARN ( )OTHER, describe:			
SEX: ( )FEMALE ( )MALE	AGE:	BREED:	
ANY INCIDENT INVOLVING THE DOG (OR PET)? ( )YES ( )NO If yes, please explain:			

**FRAUD WARNING:** Any persons who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties."

**ATTACH PHOTO**

**Applicant's Signature** \_\_\_\_\_

**Producer's Signature** \_\_\_\_\_