

MID-CONTINENT INSURANCE COMPANY

HO - 8 APPLICATION

INSURED(S): _____

MAILING/LOCATION ADDRESS: _____

PRODUCER: _____

POLICY PERIOD: FROM: _____ TO: _____

NOTE: ATTACH A SEPARATE APPLICATION FOR EACH DWELLING

YR.CONSTRUCTED:	RENOVATED:	TELEPHONE # FOR INSPECTION:
INSURED'S OCCUPATION		NUMBER OF YEARS YOU'VE OWNED
NUMBER OF FAMILIES		IS DWELLING ISOLATED?
DID YOU INSPECT RISK?	WHEN?	FIRE WALL SEPARATION?
CONDITION OF PREMISES		ROOF: ()FLAT ()PITCHED

RIGHT EXPOSURES, OCCUPANCY AND DISTANCE: _____

LEFT EXPOSURES, OCCUPANCY AND DISTANCE: _____

REAR EXPOSURES, OCCUPANCY AND DISTANCE: _____

PRIOR CARRIER:		POLICY #:		
DID THEY: () CANCEL () NONRENEW () DECLINE IF SO, WHY?				
CLAIM RECORD FOR PAST THREE YEARS	DATE OF LOSS	DESCRIPTION OF LOSS:		AMOUNT PAID:
IF INSURED HAS BEEN WITHOUT COVERAGE, PLEASE ADVISE WHY THEY ARE NOW OBTAINING COVERAGE:				
COVERAGE AMOUNT	\$	DEDUCTIBLE (MINIMUM \$250.)		
ESTIMATED GROUND FLOOR SQUARE FOOTAGE	NUMBER OF STORIES	NUMBER OF ROOMS	# FIREPLACES/ HEAT STOVES	CONSTRUCTION TYPE FRAME () MASONRY () OTHER () DESCRIBE:
BASEMENT: FINISHED () UN-FINISHED () NONE ()			FOUNDATION: () OPEN () CLOSED	
GARAGE: BASEMENT () ATTACHED () DETACHED () NONE ()			FENCED YARD: () YES () NO	
ANIMALS ON PREMISES () YES () NO	BREED:	AGE:	SEX: () FEMALE () MALE	HOUSED: () INDOORS () OUTDOORS
ANY INCIDENTS INVOLVING THE DOG OR PET? () YES () NO IF YES, PLEASE EXPLAIN:				
IS THERE A FENCED AREA FOR THE DOG(S)? () YES () NO IF YES, PROVIDE THE FOLLOWING DETAILS:				
FENCE CONSTRUCTED OF _____, HEIGHT _____, CONDITION _____, GATE SECURED BY _____.				
SWIMMING POOL () YES () NO		PLAYGROUND EQUIPMENT () YES () NO		
MORTGAGE HOLDER (Name and Address):				
HEATING PLANT REBUILT OR REPLACED YEAR _____ CONDITION _____		ROOF COVER REPLACED YEAR _____ CONDITION _____		
TYPE OF HEATING YEAR _____ CONDITION _____		PLUMBING INSPECTED BY LICENSED PLUMBER? YEAR _____ CONDITION _____		
ELECTRICAL PANEL & WIRING INSPECTED BY LICENSED ELECTRICIAN? YEAR _____ CONDITION _____				

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 _____

MCI-HO8-A12 (05/08)

PRODUCER'S SIGNATURE _____

COMPLETE page 2 FOR OPTIONAL COVERAGES

CHOOSE YOUR OPTIONAL COVERAGES:

Refer to manual and coverage forms for underwriting guidelines, details of coverage and additional premium.

<i>COVERAGE</i>	<i>INCLUDE</i>
REPAIR COST LOSS SETTLEMENT (MCI04)	
ENHANCED COVERAGES FOR ACV POLICYHOLDERS (MCI27)–Minimum Coverage A \$40,000 required.	
SCHEDULED PERSONAL PROPERTY (MCI22) – Maximum \$7,500. Complete schedule below.	
PERSONAL PROPERTY REPLACEMENT COST (MCI12) Minimum Coverage C = \$15,000 REQUIRED.	
INCREASED OTHER STRUCTURES (MCI24) – No Farm Outbuildings. Complete schedule below.	
INCREASED LIMITS FOR PERSONAL PROPERTY – Maximum 100% of Coverage A. <i>If limit exceeds market value of home – refer to company.</i> <i>LIMIT REQUESTED</i> _____	
ADDITIONAL INTEREST (MCI05)	
NAME AND ADDRESS: _____	
NATURE OF INTEREST: _____	
ADDITIONAL INSURED (MCI10)	
NAME AND ADDRESS: _____	
NATURE OF INTEREST: _____	
EARTHQUAKE (MCI21): Frame () Masonry () Include coverage for brick veneer ()	
SINKHOLE COLLAPSE (MCI07)	
REFRIGERATED PROPERTY COVERAGE (MCI08)	
ORDINANCE OR LAW COVERAGE (MCI23)	
INCREASED LIABILITY LIMITS: \$50,000. () \$100,000. () \$200,000. () \$300,000. ()	
PERMITTED INCIDENTAL OCCUPANCIES (MCI18) – Describe size and use: _____	
THEFT COVERAGE INCREASE (MCI16) to: \$3,000. () \$5,000. () \$1,000. Off Premises coverage ()	
PERSONAL INJURY (MCI25)	

SCHEDULE

	<i>VALUE TO BE INSURED</i>
INCREASED OTHER STRUCTURES (MCI24) – Descriptions of other structures, include construction, size and use.	
1.	
2.	
3.	
SCHEDULED PERSONAL PROPERTY (MCI22) – Description of items including make, model, serial number, appraisals and bills of sales as applicable.	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

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