

MID-STATE MUTUAL INSURANCE
 PO BOX 1326, HOLLISTER, CA 95024-1326
 Phone 831/637-5824 Fax 831/637-1406 bobbi@mid-statemutual.com

Homeowners Insurance Application

Prod Name:		Sub-Producer:	
Prod Addr:		Prod Phone:	
Named Insured - Mailing Address		Effective Date/ Time	Home Phone
		Additional Interest #1	Loan Number
Location Address (If Different)		Additional Interest #2	Loan Number
		Add'l Ins <input type="checkbox"/> Yes	Mortgagee <input type="checkbox"/> Yes
		Add'l Ins <input type="checkbox"/> Yes	Mortgagee <input type="checkbox"/> Yes

DESCRIPTION OF DWELLING											
Year Built	Prot. Class	Type of Roof	Type of Construction	Square Footage	No. of Stories	Feet to Hydrant	Miles to Station	Current Repl Cost-No Land	Date Purchased	Market Value with Land	
# of Bdrms	# of Baths	Pride of Ownership	Kitchen Grade	Bathroom Grade	Slope of Property	Type of Foundation	Primary or Secondary Residence				

APPURTENANT STRUCTURE DESCRIPTION						
Description	Year Built	Type of Roof	Type of Construction	Square Footage	Current Repl Cost-No Land	

Previous Carrier		Previous Policy Number		Coverages			Limits	
1	Is risk located within 1/4 mile in any direction of any brush, forest or open land?	<input type="checkbox"/> Yes		Dwelling Protection	A	Dwelling		
2	Is there a trampoline on the premise?	<input type="checkbox"/> Yes			B	Appurtenant Structures	10%	
3	Is there an unfenced pool, spa or jacuzzi?	<input type="checkbox"/> Yes			C	Personal Property	70%	
4	Are there any diving boards or slides?	<input type="checkbox"/> Yes			D	Loss of Use	40%	
5	Do any windows have bars on them?	<input type="checkbox"/> Yes		Liability Protection	E	Personal Liability		
6	Does the dwelling share a common wall with another residence?	<input type="checkbox"/> Yes			F	Medical Payments		\$1,000
7	Any residence employees?	<input type="checkbox"/> Yes		Discounts Applied base Premium(A)		Protective Devices -Max Cr 15%	CR	
8	Is the property currently for sale?	<input type="checkbox"/> Yes				Local Fire, Smoke and/or Burglary	2%	<input type="checkbox"/> Yes
9	Is the property vacant?	<input type="checkbox"/> Yes				Fire or Police Station Hook-up	3%	<input type="checkbox"/> Yes
10	Is the property non-owner occupied?	<input type="checkbox"/> Yes				Central Station Hook-up	5%	<input type="checkbox"/> Yes
11	Any coverage declined, canceled or non-renewed in the last 3 years?	<input type="checkbox"/> Yes				Automatic Sprinklers-Fire		
12	Does the dwelling have any unrepaired damage from a prior claim?	<input type="checkbox"/> Yes				Full	10%	<input type="checkbox"/> Yes
13	Dogs? If yes, indicate breed and bite history.	<input type="checkbox"/> Yes				Partial	7%	<input type="checkbox"/> Yes
Please described details of any questions answered yes above.						Gated Community		
						Manned 24 hours	12%	<input type="checkbox"/> Yes
						Unmanned	7%	<input type="checkbox"/> Yes
						Non Flammable Roof Credit	5%	<input type="checkbox"/> Yes
						Deductible Credit		
						\$500 (\$100 maximum)	10%	<input type="checkbox"/> Yes
					\$1,000 (\$200 maximum)	20%	<input type="checkbox"/> Yes	
					\$2,500 (\$300 maximum)	30%	<input type="checkbox"/> Yes	
					Claims Free (No losses last 3 yrs current home)	10%	<input type="checkbox"/> Yes	
					New Loan-New Purchase	10%	<input type="checkbox"/> Yes	
					Personal Injury HO-2482		<input type="checkbox"/> Yes	
					Building Ordinance HO--0477		Included	
					Attach Form Scheduled Personal Property HO-0461		<input type="checkbox"/> Yes	
					Attach Form Separate Structure HO-0448		<input type="checkbox"/> Yes	
					Attach Form Add'l Residence Rented-HO-2470		<input type="checkbox"/> Yes	
Pay Plan	<input type="checkbox"/> Full <input type="checkbox"/> Quarterly		Pay Type	<input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee				

APPLICANT/CO-APPLICANT INFORMATION						
Appl No.	First Name	Last Name	Date of Birth	Marital Status	Social Security	
1						
Appl No.	Employer	Address	City	State	Zip Code	Occupation
1						

LIST PRIOR LOSSES WITHIN THE LAST 3 YEARS			
Type of Loss	Date of Loss	Description	Amount

We do inspect all insured locations and verify the information you provided.
APPLICANT'S STATEMENT: I hereby declare to the best of my knowledge that the statements made on this application are material and true and complete and that these statements are made as an inducement to Mid-State Mutual Insurance Company to issue the policy for which I am applying. I further understand and agree that any material misrepresentation shall cause the policy, if issued, to be null and void.

Applicant's Signature X _____ Agent/Broker Signature X _____