

THE CENTRAL AGENCY
P.O. Box 2627
Wenatchee, WA 98807
(800) 678-1642 / (509) 663-0091
Fax: (509) 663-0092



Aegis Security Insurance Company

OFFICE USE ONLY—2/06

BEST RATING A

WASHINGTON MODIFIED HOMEOWNER APPLICATION

REQUESTED EFFECTIVE DATE:	REQUESTED EXPIRATION DATE:
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APPLICANT'S NAME (name on deed and living in home)	SOCIAL SECURITY #	DATE OF BIRTH
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CO-APPLICANT'S NAME (name on deed and living on home)	SOCIAL SECURITY #	DATE OF BIRTH
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MAILING ADDRESS

CITY	COUNTY	TERRITORY	STATE	ZIP CODE
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LOCATION OF HOME IF DIFFERENT FROM MAILING ADDRESS

ADDITIONAL INSURED'S NAME AND ADDRESS (name on deed but not living in the home)

MORTGAGEE	LOAN #	BILL MORTGAGEE AT RENEWAL: YES _____ NO _____
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MORTGAGEE'S MAILING ADDRESS

Occupancy: Owner Occupied _____ / Seasonal _____

Breaker Box _____ / Fuses _____ / Size of Service (amp) _____

Year Built _____ / Protection Class _____

Miles from Fire Dept. _____ / Feet from Fire Hydrant _____

Total Square Feet _____ / Ground Square Feet _____

Age of Roof _____ / Type of Roof _____

Electrical Update _____ / Plumbing Update _____

Heating Update _____ / Type of Heat _____

Number of stories _____ / Number of families _____

Construction: Frame _____ Masonry _____ Other (describe) _____

Purchase Date _____ / Purchase Price _____

Actual Cash Value—Excluding Land \$ _____

Method used to determine value _____

REQUESTED COVERAGES	LIMIT	PREMIUM
Dwelling	\$	\$
Unattached Structures	\$	\$
Personal Property	\$	\$
Personal Liability	\$	\$
Satellite Dish / Antenna	\$	\$
Full Repair Cost		\$
Animal Injury Exclusion Credit		\$
Age of Dwelling Surcharge		\$
Supplemental Heating Surcharge		\$
Seasonal Surcharge		\$
All Other Peril Deductible \$ _____		\$
POLICY FEE \$		25.00
TOTAL POLICY PREMIUM		

AGENCY NAME

MAILING ADDRESS

AGENCY CODE # TELEPHONE # FAX #

DESCRIBE ATTACHED AND UNATTACHED STRUCTURES

1. Occupation _____ Employer _____ Yrs. Employed _____
2. Previous Carrier _____ Expiration Date _____
3. Has applicant had any claims/losses in the past five (5) years at any location? Yes ___ No ___
If yes, provide details _____
4. Describe any animals owned by the applicant _____

IF YES—SUBMIT—DO NOT BIND

1. Was the previous policy cancelled or non renewed? If yes, what was the reason for cancellation or non renewal and the date of cancellation or non renewal? _____ Yes ___ No ___
2. Is the dwelling equipped with any supplemental heating source? If yes, provide details. If a woodstove, submit with interior photos showing the stove and flue exit and an exterior photo of the chimney, plus a completed Aegis woodstove report with details. Yes ___ No ___
3. Is a swimming pool on premises? If yes, it must be surrounded with a 4' stockade type fence with a locked gate. A photo of fenced pool is required. Maximum liability available—\$50,000. An unfenced pool or a pool with a diving board or slide are unacceptable. Yes ___ No ___
4. Does the applicant own or board any German Shepherd, Doberman, Pit Bull, Chow, Akita, Rottweiler, Great Dane, Wolf Hybrid, or any mix of these breeds or any pet known to be unfriendly or any dog that has bitten or does the applicant own or board horses or livestock or any other large or unusual/exotic animals? If yes, sign below: Yes ___ No ___

I understand bodily injury and property damage caused by any animal(s) I own or board is excluded from my policy. This exclusion also applies to the company's obligation to defend. I accept a policy with this exclusion.

SIGNATURE _____ Date _____

IF YES—DO NOT SUBMIT—UNACCEPTABLE RISK

1. Is any business conducted on premises or in the dwelling? Yes ___ No ___
2. Is the dwelling vacant, unoccupied, rented to others, condemned, without utilities, under renovation / construction or a converted commercial building? Yes ___ No ___
3. Has the applicant had any fire, theft or liability loss or more than one (1) minor loss / claim at any location in the past three (3) years? Yes ___ No ___
4. Does the dwelling have any damage that has not been repaired? Yes ___ No ___

IF NO—DO NOT SUBMIT—UNACCEPTABLE RISK

1. Do all entrances, where needed, have steps with safety railings and are all raised decks or porches surrounded by a safety railing with balusters a maximum of 4" apart? Yes ___ No ___

In making this application for insurance, it is understood that an investigative report may be made regarding your credit and / or loss history. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

If undisclosed or false information is discovered and the information was material to the Company accepting the risk, coverage will be null and void.

I have reviewed all of the information on the front and back of the application, including coverages, coverage limits, and special deductibles (if applicable) with my broker and verify that all the information is accurate.

Applicant's Signature _____ Date _____

I have reviewed all the information on the front and back of the application, including coverages, coverage limits, and special deductibles (if applicable) with the applicant.

Producer's Signature _____ Date _____