



**OREGON HOMEOWNER APPLICATION**

APPLICANT'S NAME		SOCIAL SECURITY #	DATE OF BIRTH	
MAILING ADDRESS				TELEPHONE #
CITY	COUNTY	TERRITORY	STATE	ZIP CODE
LOCATION				
MORTGAGEE		LOAN #	BILL MORTGAGEE AT RENEWAL: YES ___ NO ___	
STREET ADDRESS		CITY	STATE	ZIP CODE

**REQUESTED POLICY PERIOD**  
 Effective \_\_\_\_\_ / Expiration \_\_\_\_\_

Owner Occupied \_\_\_ / Seasonal \_\_\_  
 Year Built \_\_\_\_\_ Square Feet \_\_\_\_\_  
 Age of Roof \_\_\_\_\_ Type of Roof \_\_\_\_\_  
 Heating Update \_\_\_\_\_ Type of Heat \_\_\_\_\_  
 Electrical Update \_\_\_\_\_ Plumbing Update \_\_\_\_\_  
 Number of Stories \_\_\_\_\_ Number of Families \_\_\_\_\_  
 Construction: Frame \_\_\_ Masonry \_\_\_ Other \_\_\_  
 Purchase Date \_\_\_\_\_ Purchase Price \_\_\_\_\_  
 Actual Cash Value \$ \_\_\_\_\_  
 What method was used to determine value? \_\_\_\_\_  
 Protection Class \_\_\_\_\_ Miles from Fire Department \_\_\_\_\_  
 Feet from Fire Hydrant \_\_\_\_\_

REQUESTED COVERAGES	LIMIT	PREMIUM
Dwelling	\$	\$
Unattached Structures	\$	\$
Personal Property	\$	\$
Liability	\$	\$
Satellite Dish / Antenna	\$	\$
Supplemental Heat Surcharge	\$	\$
Age of Dwelling Surcharge	\$	\$
Seasonal Surcharge	\$	\$
Claim / Loss Free Credit	\$	\$
No Mortgage Credit	\$	\$
Masonry Dwelling Credit	\$	\$
Deductible \$ _____	\$	\$

POLICY FEE \$ 20.00  
 TOTAL PREMIUM \$ \_\_\_\_\_

DESCRIBE UNATTACHED STRUCTURES ON THE BACK OF THE APPLICATION OR ON A SEPARATE SHEET OF PAPER

1. Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Yrs. Employed \_\_\_\_\_  
 2. Previous Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 3. Has applicant had any claims/losses in the past 5 years? Yes \_\_\_ No \_\_\_  
 If Yes, give details \_\_\_\_\_  
 4. Describe any animals owned by the applicant. \_\_\_\_\_

**IF YES, SUBMIT—DO NOT BIND**

1. Is the home equipped with a supplemental heating source? If woodstove, submit with interior photos showing the stove and flue exit and an exterior photo of the chimney, plus an Aegis woodburning stove report with details. Yes \_\_\_ No \_\_\_  
 2. Is there a swimming pool on premises? If yes, unfenced pools or pools with a diving board are unacceptable unless the applicant agrees to exclude coverage for the pool. The pool exclusion must be signed by the applicant. Maximum liability—\$50,000 Yes \_\_\_ No \_\_\_

**IF YES, DO NOT SUBMIT—UNACCEPTABLE RISK**

1. Is any business conducted on the premises? Yes \_\_\_ No \_\_\_  
 2. Is there a kerosene heater in the home? Yes \_\_\_ No \_\_\_  
 3. Has the applicant had any fire, theft or liability loss / claim or more than one (1) minor loss / claim at any location in the past three (3) years? Yes \_\_\_ No \_\_\_  
 4. Is the home vacant, unoccupied, rented to others, a converted commercial building or without utility service? Yes \_\_\_ No \_\_\_  
 5. Does the home have any damage that has not been repaired? Yes \_\_\_ No \_\_\_  
 6. Does the applicant own a trampoline? Yes \_\_\_ No \_\_\_  
 7. Does the applicant own an ATV (all terrain vehicle)? Yes \_\_\_ No \_\_\_

**IF NO, DO NOT SUBMIT—UNACCEPTABLE RISK**

1. Is the home well maintained with no repairs needed? Yes \_\_\_ No \_\_\_  
 2. Do all entrances have permanently installed steps with safety railing and do any raised porches or decks have 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 whereby information is obtained regarding your credit and claims / 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 we discover previous loss / claim history that was not disclosed on the application and was material to the Company accepting the risk, coverage will be NULL AND VOID.

**IF THE RISK IS ACCEPTABLE AND A POLICY IS ISSUED, REVIEW YOUR POLICY WITH YOUR BROKER FOR EXCLUSIONS, LIMITATIONS AND SPECIAL DEDUCTIBLES.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

AGENCY NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 AGENCY CODE # \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_