

- DP-1 (LOB 55)
- DP-2 (LOB 42)
- DP-3 (LOB 43)



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**DWELLING APPLICATION**

**PHOTOS OF FRONT AND BACK OF DWELLING MUST BE ATTACHED.**

APPLICANT		PRODUCER	
Name		Agency Name:	Agent #:
Address		Agency Phone:	Agent Fax:
City	State	Zip	
County		<b>REQUEST POLICY TERM</b>	
Occupation	Employer (If self-employed, list self)		
Social Security #	DOB		
Co-applicant's Name		From _____ To _____ Policy Term: 12 Months	
Co-applicant's Social Security #		Time AM <input type="checkbox"/> PM <input type="checkbox"/>	
Co-applicant's Occupation		<b>LOCATION</b>	
Co-applicant's Employer (If self-employed, list self)		Address, if different than above (include city, state, zip and county)	
Add'l Insured			
Address			
City	State	Zip	

**BINDING COVERAGE:** For coverage to begin as requested, the application must be mailed within 72 hours of the effective date of coverage. Otherwise, coverage is bound at 12:01 a.m. the day of the postmark.

BILLING / ACCOUNTING INFORMATION	
BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder	*PAYMENT PLANS: If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected.
Check # _____ Check Amt \$ _____	<input type="checkbox"/> 1-Pay, 100% payment, plus any applicable taxes and fees <input type="checkbox"/> 4-Pay, 25% down, plus any applicable taxes and fees <input type="checkbox"/> 2-Pay, 50% down, plus any applicable taxes and fees <input type="checkbox"/> 8-Pay, 20% down, plus any applicable taxes and fees                    * Each installment includes a \$6 fully earned service charge

MORTGAGEE			
Name		Loan #	
Address		Address	
City	State	Zip	

GENERAL INFORMATION											
Territory	Year Built	Square Footage	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	# of Families	# of Stories	Year Purchased	Purchase Price	Actual Cash Value (Excluding Land)	Replacement Cost (Excluding Land)
Construction			Protective Devices		Type of Siding:						
<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer			<input type="checkbox"/> None <input type="checkbox"/> Central Station Fire Alarm		<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> EIFS <input type="checkbox"/> Stucco                    Other: _____						
Type of Wiring:			Date of Last Update:		Type of Heating:						
<input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Fuses & Circuit Breakers			<input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update                    If Partial, to what extent: _____		<input type="checkbox"/> None <input type="checkbox"/> Woodburning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____						
Type of Roofing:			Date of Last Update:		Type of Roofing:						
<input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update                    If Partial, to what extent: _____											
Describe Unattached Structures:											

MUST COMPLETE THE FOLLOWING	
USAGE: <input type="checkbox"/> Primary/Permanent <input type="checkbox"/> Seasonal/Secondary <input type="checkbox"/> Rental	
PRIOR INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase	Prior Company: _____ Expiration of Prior Policy: _____
ANIMALS ON PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Animal: _____ Breed of Dog: _____

DISCOUNT / SURCHARGE SECTION	
Deductibles:	\$1,000 Deductible - 7% <input type="checkbox"/>
\$500 Base Deductible	\$2,500 Deductible - 14% <input type="checkbox"/>
	\$5,000 Deductible - 20% <input type="checkbox"/>
Claim Free Transfer	- 10% <input type="checkbox"/>
Protective Service Device	- 5% <input type="checkbox"/>
Insured Age 50 and Older	- 10% <input type="checkbox"/>
Supplemental Heating Surcharge	+ 5% <input type="checkbox"/>
Age of Home (Homes built prior to 1930)	+10% <input type="checkbox"/>
Short Term Rental Package (2)	+15% <input type="checkbox"/>
Multiple Family (3-4)	+30% <input type="checkbox"/>
Townhome/Rowhome	+25% <input type="checkbox"/>
5 or More Unit Townhome/Rowhome	+30% <input type="checkbox"/>
<b>TOTAL</b> _____	

POLICY INFORMATION		
COVERAGES	LIMITS	PREMIUM
Dwelling <input type="checkbox"/> ACV <input type="checkbox"/> RC	\$	\$
Total Amount of Other Structures	\$	\$
Total Amount of Personal Property	\$	\$
Total Amount of Fair Rental Value or Additional Living Expense	\$	\$
<b>BASE PREMIUM:</b>		\$
<b>** DISCOUNT/SURCHARGE PERCENTAGE:</b> (See shaded Section to the left) _____ %		
<b>DISCOUNT/SURCHARGE AMOUNT:</b> (BASE PREMIUM multiplied by DISCOUNT/SURCHARGE %)		\$
<b>SUBTOTAL:</b> (BASE PREMIUM plus DISCOUNT/SURCHARGE AMOUNT)		\$
<input type="checkbox"/> Personal Liability (Primary) <input type="checkbox"/> Premises Liability (All Other)	\$	\$
Medical Payments to Others	\$	\$
Broad or Limited Theft Coverage	\$	\$
Vandalism or Malicious Mischief	\$	\$
Personal Property Replacement Cost	\$	\$
Earthquake Coverage	\$	\$
Full Repair Cost	\$	\$
Water Backup	\$	\$
<b>Expense Constant</b>		\$ 20.00
Minimum Written Premium is \$100	<b>TOTAL PREMIUM:</b>	\$

LOSS HISTORY

HAVE YOU HAD ANY PRIOR LOSSES? Yes No If Yes, indicate below.

Table with 3 columns: Description of Loss, Date, Amount Paid. Three rows for recording losses.

If the applicant has had 2 or more property losses (paid or unpaid) in the past 36 months or any single fire, theft, liability or water loss in the past 36 months, the risk must be submitted to the General Agent for acceptability.

UNACCEPTABLE RISKS

Any "Yes" response makes the risk unacceptable and it cannot be written!

- 1. Does the dwelling have any existing structural damage?
2. Is the dwelling in foreclosure?
3. Is the dwelling equipped with liquid fuel-powered space heater or heat-reclaiming device?
... 13. Is the dwelling a townhome or rowhome built prior to 1970?

RISK TO BE WRITTEN WITHOUT LIABILITY COVERAGE

Any "Yes" Response Must Be Explained Below.

- 1. Does the premises have a swimming pool or spa that does not have a four-foot fence with a self-latching gate, motorized pool cover, or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible?
2. Does the applicants own, keep, or shelter any Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf or Wolf hybrid, any mix of these breeds with any other breed, whether listed or not?
3. Does the applicant own, keep, or shelter any animal with a previous bite history or any nondomestic animal?

SUBMIT RISKS TO GENERAL AGENT

Any "Yes" Response Must Be Explained Below.

- 1. Has the applicant had a homeowners/dwelling policy cancelled or non-renewed for underwriting reasons (except home age) during the past 36 months?
2. Has the applicant filed for bankruptcy in the past 36 months?
3. Has the applicant been 30 days past due on mortgage payments in the last 12 months?
... 17. Does the dwelling have business pursuits conducted on the premises?

Explain "Yes" answers

DWELLING LOSS SETTLEMENT OPTIONS (Choose One)

ACV (Depreciation will apply) Replacement Cost (Available to DP-2 and DP-3 risks only. Home must be insured to 100% of replacement cost. A replacement cost estimator is required.)

SPECIFIC BREED ANIMAL EXCLUSION NOTICE: I understand the Specific Breed Animal Exclusion will be attached to my policy and that bodily injury, property damage or any other loss or expense arising out of any occurrence involving any of the following types of animals and/or breeds of dogs or a mix of any of the breeds with any other breed whether listed or not will not be covered: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Anatolian Shepard, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf or Wolf Hybrid.

FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, or denial of insurance benefits.

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

X (Signature of Applicant) Date X (Signature of Producer) Date