

# AMERICAN RELIABLE INSURANCE COMPANY

## IDAHO DWELLING APPLICATION



P.O. Box 2627  
 Wenatchee, WA 98807  
 Phone 800-678-1642  
 Or 509-663-0091  
 Fax 509-663-0092

### PRODUCER INFORMATION / PROGRAM SELECTION

Agent Name:	Agent #:	Effective Date:
-------------	----------	-----------------

### APPLICANT / CO-APPLICANT INFORMATION

Name		DOB	
Designee Type: <input type="checkbox"/> N/A <input type="checkbox"/> C/O <input type="checkbox"/> DBA <input type="checkbox"/> Executor <input type="checkbox"/> Trust		Designee Comments:	
Mailing Address			
City	State	Zip	Country
Daytime Phone No.		Evening Phone No.	
Email Address			Social Security #
Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Employer			Employer Phone No.
Co-applicant's Name			DOB
Does the co-applicant live at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Co-applicant Employment Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Occupation	
Co-applicant's Social Security #			

### UNDERWRITING

#### Eligibility Information

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

	Yes	No
1. Has the applicant been convicted of arson or insurance fraud? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the dwelling have any existing structural damage? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the dwelling in foreclosure? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there liquid fuel-powered space heaters or any heat reclaiming devices in the dwelling? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the dwelling have other structures or garages with a wood/coal/pellet burning device? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the dwelling have knob and tube wiring or electrical services with less than 100 AMP service? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the dwelling have External Insulation Finish System (EIFS) siding? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Are explosive or flammable materials stored on the premises? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the dwelling under construction or major renovation? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the dwelling located next to any burned out or abandoned building(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Is brush clearance less than 350 feet around the dwelling? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the dwelling a mobile home, dome home, log home, straw built home or condominium? (Mobile homes acceptable in the Vacant program.) .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there childcare, homecare, lodging, auto repair and/or chemical processing conducted on the premises? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the dwelling without permanently installed water, electricity and sewage utility services? (Applicable to the DP-2 and DP-3 programs.) .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the dwelling's primary source of heat a wood/coal/pellet burning device? (Applicable to the DP-2 and DP-3 programs) .....	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the dwelling have polybutylene pipes? (Applicable to the DP-2 and DP-3 programs) .....	<input type="checkbox"/>	<input type="checkbox"/>

#### Underwriting Questions

	Yes	No
1. Does the applicant own a dog? .....	<input type="checkbox"/>	<input type="checkbox"/>
a. Number of Dog(s) _____		
b. Breed of Dog(s) _____		
2. Has the applicant had a dwelling policy cancelled or non-renewed for any reason, other than the carrier is no longer writing this business in the past 36 months? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant filed for bankruptcy in the past 36 months? (Applicable to the Vacant program) .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the applicant been 30 days past due on mortgage payments in the last 12 months? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the dwelling have permanently installed water, electricity and sewage utility services? (Applicable to the DP-1 and Vacant programs.) .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there any unrepaired or existing non-structural damage in the dwelling? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the dwelling been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase) .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the dwelling attached to, occupied as or converted from a commercial risk? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the dwelling on an open foundation or built on stilts, posts or piers? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the dwelling have handrails on all entrances that have 3 or more steps? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there permanently installed steps at all entrances to the dwelling? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the dwelling within 1,500 feet of water (river or creek) or is it located on an island or in a Special Flood Hazard Area? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Are there multiple horses, livestock or farm animals on the premises? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there a dock, pier or boat house on the premises? .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the home on 5 or more acres? .....	<input type="checkbox"/>	<input type="checkbox"/>
16. Are farming activities conducted on the premises? .....	<input type="checkbox"/>	<input type="checkbox"/>
17. Are business activities conducted on the premises? .....	<input type="checkbox"/>	<input type="checkbox"/>

18. Is heat maintained in the dwelling? (Applicable to the Vacant program) .....

Explain "Yes" answers! \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>INTERESTED PARTIES</b>			
Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance			Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name			
Name			
Mailing Address			
City	State	Zip	Country
Loan Number	Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance			Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name			
Name			
Mailing Address			
City	State	Zip	Country
Loan Number	Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Interested Party Type: <input type="checkbox"/> Additional Interest <input type="checkbox"/> Mortgagee/Lienholder <input type="checkbox"/> Private Lender/Contract Seller <input type="checkbox"/> Additional Insured <input type="checkbox"/> Premium Finance			Business Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name			
Name			
Mailing Address			
City	State	Zip	Country
Loan Number	Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>PROPERTY INFORMATION</b>			
Location Address			
City	State	Zip	County
Occupancy: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Seasonal <input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Renovation		Year Built	
Purchase Date	Purchase Price	Square Footage	
Property Type: <input type="checkbox"/> 1-4 Family <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Modular Home <input type="checkbox"/> Townhome <input type="checkbox"/> Rowhome <input type="checkbox"/> Condo Unit		# of Units in Dwelling	Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Brick Veneer
Plumbing Information: Type: _____			
Electrical Information: Type: _____			
Roofing Information: Type: _____ Year Of Last Update: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update If Partial, to what extent: _____			
Heating Information: Type: _____			
Supplemental Heating Device: <input type="checkbox"/> None <input type="checkbox"/> Wood burning Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____			Was the device installed by a licensed contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Protective Devices: <input type="checkbox"/> None <input type="checkbox"/> Central Station Fire Alarm <input type="checkbox"/> Central Station Burglar Alarm <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Dead Bolts <input type="checkbox"/> Other: _____			
<b>Additional Information</b>			
Does the applicant (or tenant if tenant occupied) own, keep or shelter any animal with a previous bite history or any non-domestic animals?			<input type="checkbox"/> Yes <input type="checkbox"/> No
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been continuously insured with another carrier for the past 36 months with no claims and no lapse in coverage? (Not Applicable to Vacant DP-1 program)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Insurer Name: _____			
Has the applicant filed for bankruptcy in the past 36 months? (Not Applicable to Vacant DP-1 program)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Bankruptcy: _____			
How many townhouses/rowhouses are connected? (Only applicable to townhome/rowhouses) _____ (Not Applicable to Vacant DP-1 program)			
Does the applicant rent their primary or secondary dwelling to others more than two nights per year? (Not Applicable to Vacant DP-1 program)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant currently insured with another carrier?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Policy Expiration Date: _____			
Distance to Fire Hydrant: <input type="checkbox"/> 0-1,000 Feet <input type="checkbox"/> Greater than 1,000 Feet		Distance to Fire Station: <input type="checkbox"/> 0-5 Miles <input type="checkbox"/> Greater than 5 Miles	
			Protection Class: _____

### LOSS EXPERIENCE

Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____	
Date of Loss: _____	Amount Paid: _____
Description: _____	
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced	
Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____	
Date of Loss: _____	Amount Paid: _____
Description: _____	
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced	
Type of Loss: <input type="checkbox"/> Fire <input type="checkbox"/> Liability <input type="checkbox"/> Lightning <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Water/Flood Damage <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____	
Date of Loss: _____	Amount Paid: _____
Description: _____	
Corrective Action Taken: <input type="checkbox"/> Exposure no longer exists/Removed from property <input type="checkbox"/> No action taken <input type="checkbox"/> Protective Device Installed <input type="checkbox"/> Repaired/Replaced	

### COVERAGE

Coverage A Dwelling Limit: _____ Coverage A Loss Settlement: <input type="checkbox"/> Replacement Cost (DP-2/DP-3 only) <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Full Repair Cost (DP-1/Vacant only) Coverage B Other Structures Limit: _____ Description of Other Structure: _____ Year Built: _____ Square Footage: _____ Excluded Other Structures: <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Excluded Other Structure: _____ Coverage C Personal Property Limit: _____ Coverage C Loss Settlement: <input type="checkbox"/> Replacement Cost (DP-2/DP-3 only) <input type="checkbox"/> Actual Cash Value Coverage D Fair Rental Value / Coverage E Additional Living Expense: (Excludes Vacant program) _____	Coverage L Personal/Premises Liability Limit: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 Coverage M Medical Payments Limit: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 Deductibles: All Perils <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Radio & TV Antennas, Signs & Awnings Limit: _____ (Excludes Vacant program) <input type="checkbox"/> Limited Theft Limit: _____ (Excludes Vacant program) <input type="checkbox"/> Earthquake (Excludes Vacant program) <input type="checkbox"/> Residential Burglary Limit (DP-1 only): _____ <input type="checkbox"/> Vandalism or Malicious Mischief (DP-1 only) <input checked="" type="checkbox"/> Limited Mold Property <input checked="" type="checkbox"/> Limited Mold Liability (If Liability is purchased) <input type="checkbox"/> Swimming Pool or Spa Exclusion <input type="checkbox"/> Livestock Exclusion <input type="checkbox"/> Actual Cash Value Loss Settlement Windstorm or Hail Losses to Roof Surfacing Exclusion (DP-2 and DP-3 only)
---	--

### BILLING / ACCOUNTING INFORMATION

**\*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.

<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	<i>* Each installment includes a \$6 fully earned service charge</i>

Initial Payment Amount: \_\_\_\_\_ Payment Type:  ECheck  Money Order  Credit Card  Business Check

ECheck Routing Number: \_\_\_\_\_ ECheck Account Number: \_\_\_\_\_ Business Check / Money Order Number: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_ Credit card billing address zip code: \_\_\_\_\_

Credit Card Type:  Visa  Mastercard      Credit Card #: \_\_\_\_\_      Expiration Date: \_\_\_\_\_      CCID #: \_\_\_\_\_

**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 agent 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.

**FRAUD WARNING:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

**SPECIFIC BREED ANIMAL EXCLUSION NOTICE:** You should be aware that a Specific Breed Animal Exclusion will be attached to your 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 will not be covered: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf, Wolf Hybrid, or any mix of these breeds with any other breed whether listed here or not.

**X** \_\_\_\_\_  
MUST BE SIGNED (Signature of Applicant)

Date

**X** \_\_\_\_\_  
MUST BE SIGNED (Signature of Producer)

Date

