

AMERICAN RELIABLE INSURANCE COMPANY WASHINGTON 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:
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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. 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"/>
3. Does the dwelling have any existing structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the dwelling vacant, under construction or major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the dwelling in foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there liquid fuel-powered space heaters or any heat reclaiming devices in the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
7. 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"/>
8. Does the dwelling have other structures or garages with a wood/coal/pellet burning device?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the dwelling have knob and tube wiring or electrical services with less than 100 AMP service?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the dwelling have External Insulation Finish System (EIFS) siding?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the dwelling have polybutelene pipes? (Applicable to the DP-2 and DP-3 programs)	<input type="checkbox"/>	<input type="checkbox"/>
12. Are explosive or flammable materials stored on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is brush clearance less than 100 feet around the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the dwelling located next to any burned out or abandoned building(s)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there childcare, homecare, lodging, auto repair and/or chemical processing conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
16. 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"/>
17. Does the dwelling have any peeling paint or damage to siding, soffits or fascia? (Applicable to the DP-2 and DP-3 programs)	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the dwelling have more than 4 units?	<input type="checkbox"/>	<input type="checkbox"/>

Underwriting Questions

	Yes	No
1. 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"/>
2. 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"/>
3. Is there any unrepaired or existing non-structural damage in the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the dwelling attached to, occupied as or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the dwelling on an open foundation or built on stilts, posts or piers?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the dwelling have permanently installed steps and handrails, if 3 or more steps, on all entrances?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling within 1,500 feet of water (river or creek) or on an island?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there multiple horses, livestock or farm animals on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a dock, pier or boat house on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the home on 5 or more acres?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are farming activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are business activities conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is heat maintained in the dwelling? (Applicable to the Vacant program.)	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers! _____

INTERESTED PARTIES

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	
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Business Name					
Name					
Mailing Address					
City		State		Zip	Country
Loan Number			Bill this Party: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROPERTY INFORMATION

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: _____					
Additional Information					
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
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 home a new purchase?					
Does the applicant currently have property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, Less than 1 year <input type="checkbox"/> Yes, 1-2 years <input type="checkbox"/> Yes, 3-4 years <input type="checkbox"/> Yes, 5 or more years					
Prior Insurer Name: _____					
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: Fire Liability Lightning Theft/Burglary Water/Flood Damage Weather Other: _____
 Date of Loss: _____ Amount Paid: _____
 Description: _____
 Corrective Action Taken: Exposure no longer exists/Removed from property No action taken Protective Device Installed Repaired/Replaced

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 Description: _____
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 Description: _____
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COVERAGE

<p>Coverage A Dwelling Limit: _____ Coverage A Loss Settlement: <input type="checkbox"/> Replacement Cost (DP-2/DP-3 only) <input type="checkbox"/> Modified Functional Replacement Cost (DP-2/DP-3 only) <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Full Repair Cost (DP-1/Vacant only built 1970 or later)</p> <p>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: _____</p> <p>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</p> <p>Coverage D Fair Rental Value / Coverage E Additional Living Expense: (Excludes Vacant program) _____</p>	<p>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</p> <p>Coverage M Medical Payments Limit: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p> <p>Deductibles: All Perils: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p> <p><input checked="" type="checkbox"/> Limited Mold Property <input type="checkbox"/> Water Back Up and Sump Discharge or Overflow <input type="checkbox"/> Radio & TV Antennas, Signs & Awnings Limit: _____ <input type="checkbox"/> Earthquake <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 Liability (If Liability is purchased) <input type="checkbox"/> Broad Theft Limit: _____ (Excludes Vacant program)</p> <p><input type="checkbox"/> Swimming Pool and Spa Exclusion <input type="checkbox"/> All Terrain Vehicle 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)</p>
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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.

1-Pay, 100% payment, plus any applicable taxes and fees 4-Pay, 25% down, plus any applicable taxes and fees
 2-Pay, 50% down, plus any applicable taxes and fees 8-Pay, 20% down, plus any applicable taxes and fees ** Each installment includes a \$6 fully earned service charge*

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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that: the misinformation is material to the content of the policy; we relied upon the misinformation; and the information was either: material to the risk assumed by us; or provided fraudulently. For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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)

_____ **X** _____
 Date MUST BE SIGNED (Signature of Producer)

_____ Date

