

MID-CONTINENT INSURANCE COMPANY

HO – 8 APPLICATION

INSURED(S): _____

MAILING/LOCATION ADDRESS: _____

PRODUCER: _____

POLICY PERIOD: **FROM:** _____ **TO:** _____

NOTE: ATTACH A SEPARATE APPLICATION FOR EACH DWELLING

YR.CONSTRUCTED:	RENOVATED:	TELEPHONE # FOR INSPECTION:
INSURED'S OCCUPATION		NUMBER OF YEARS YOU'VE OWNED
NUMBER OF FAMILIES		IS DWELLING ISOLATED?
DID YOU INSPECT RISK? WHEN?		FIRE WALL SEPARATION?
CONDITION OF PREMISES		ROOF: ()FLAT ()PITCHED

EXPOSURES, OCCUPANCY AND DISTANCE:

RIGHT: _____

LEFT: _____

REAR: _____

PRIOR CARRIER:	POLICY #:
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DID THEY: () CANCEL () NONRENEW () DECLINE **IF SO, WHY?**

CLAIM RECORD FOR PAST THREE YEARS	DATE OF LOSS	DESCRIPTION OF LOSS:	AMOUNT PAID:

IF INSURED HAS BEEN WITHOUT COVERAGE, PLEASE ADVISE WHY THEY ARE NOW OBTAINING COVERAGE:

COVERAGE AMOUNT	\$	DEDUCTIBLE (MINIMUM \$250.)
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ESTIMATED GROUND FLOOR SQUARE FOOTAGE	NUMBER OF STORIES	NUMBER OF ROOMS	# FIREPLACES/ HEAT STOVES	CONSTRUCTION TYPE FRAME () MASONRY () OTHER () DESCRIBE:
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BASEMENT: FINISHED() UN-FINISHED() NONE()	FOUNDATION: () OPEN () CLOSED
GARAGE: BASEMENT() ATTACHED() DETACHED() NONE()	FENCED YARD: () YES () NO

ANIMALS ON PREMISES () YES () NO	BREED:	AGE:	SEX: () FEMALE () MALE	HOUSED: () INDOORS () OUTDOORS
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ANY INCIDENTS INVOLVING THE DOG OR PET? () YES () NO IF YES, PLEASE EXPLAIN:

IS THERE A FENCED AREA FOR THE DOG(S)? () YES () NO IF YES, PROVIDE THE FOLLOWING DETAILS:

FENCE CONSTRUCTED OF _____, HEIGHT _____, CONDITION _____, GATE SECURED BY _____.

SWIMMING POOL () YES () NO	PLAYGROUND EQUIPMENT () YES () NO
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MORTGAGE HOLDER (Name and Address):

IF RISK IS OVER **25 YEARS OLD**, COMPLETE THE FOLLOWING:

HEATING PLANT REBUILT OR REPLACED YEAR CONDITION	ROOF COVER REPLACED YEAR CONDITION
TYPE OF HEATING YEAR CONDITION	PLUMBING INSPECTED BY LICENSED PLUMBER? YEAR CONDITION
ELECTRICAL PANEL & WIRING INSPECTED BY LICENSED ELECTRICIAN? YEAR CONDITION	

ATTACH PHOTO

APPLICANT'S SIGNATURE _____

PRODUCER'S SIGNATURE _____

COMPLETE PAGE 2 FOR OPTIONAL COVERAGES

MCI-HO8-A12 (10-98)

CHOOSE YOUR OPTIONAL COVERAGES:

Refer to manual and coverage forms for underwriting guidelines, details of coverage and additional premium.

<i>COVERAGE</i>	<i>INCLUDE</i>
REPAIR COST LOSS SETTLEMENT (MCI04)	
ENHANCED COVERAGES FOR ACV POLICYHOLDERS (MCI27)–Minimum Coverage A \$40,000 required.	
SCHEDULED PERSONAL PROPERTY (MCI22) – Maximum \$7,500. Complete schedule below.	
PERSONAL PROPERTY REPLACEMENT COST (MCI12) Minimum Coverage C = \$15,000 REQUIRED.	
INCREASED OTHER STRUCTURES (MCI24) – No Farm Outbuildings. Complete schedule below.	
INCREASED LIMITS FOR PERSONAL PROPERTY – Maximum 100% of Coverage A. <i>If limit exceeds market value of home – refer to company. LIMIT REQUESTED _____</i>	
ADDITIONAL INTEREST (MCI05)	
NAME AND ADDRESS: _____	
NATURE OF INTEREST: _____	
ADDITIONAL INSURED (MCI10)	
NAME AND ADDRESS: _____	
NATURE OF INTEREST: _____	
EARTHQUAKE (MCI21): Frame () Masonry () Include coverage for brick veneer ()	
SINKHOLE COLLAPSE (MCI07)	
REFRIGERATED PROPERTY COVERAGE (MCI08)	
ORDINANCE OR LAW COVERAGE (MCI23)	
INCREASED LIABILITY LIMITS: \$50,000. () \$100,000. () \$200,000. () \$300,000. ()	
PERMITTED INCIDENTAL OCCUPANCIES (MCI18) – Describe size and use: _____	
THEFT COVERAGE INCREASE (MCI16) to: \$3,000. () \$5,000. () \$1,000. Off Premises coverage ()	
PERSONAL INJURY (MCI25)	

SCHEDULE

	<i>VALUE TO BE INSURED</i>
INCREASED OTHER STRUCTURES (MCI24) – Descriptions of other structures, include construction, size and use.	
1.	
2.	
3.	
SCHEDULED PERSONAL PROPERTY (MCI22) – Description of items including make, model, serial number, appraisals and bills of sales as applicable.	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

APPLICANT'S SIGNATURE _____

PRODUCER'S SIGNATURE _____

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