



ASSURANT
Specialty
Property

Product Bulletin

American Reliable Insurance Company

A *NEW* easy way to write VACANT DWELLING business!

Dear South Dakota Agent,

Enclosed you will find a new one page Vacant Dwelling EasyQuote application/rate guide. The rates and application are on one page. Writing new business cannot get anything much easier than this!

Vacant dwelling program features:

- Rates shown for this program are on an ANNUAL TERM BASIS.
- The entire premium is NOT due upfront. These policies may be placed on pay plans with a minimum 25% down.
- Vandalism and Malicious Mischief coverage is included in the base premium.
- Liability limits up to \$300,000 are available.
- Coverage on Other Structures is available.
- Credits are available for higher deductibles.

We also will be automatically offering renewals to these policies. You will not have to complete a new application each renewal. American Reliable Insurance Company is committed to continually looking at new ways to make writing business easier.

If you have any questions on this program or any of our other programs, please call your General Agent and they will be happy to assist you.

Sincerely,

Chad Ellwein, CPCU, AIS
Product Development Manager

GENERAL RULES

- BINDING AUTHORITY:** 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. No coverage may be increased within 72 hours of the announcement of an impending disaster, i.e. hurricane, tropical storm, volcanic eruption, earthquake, flood, mudslide, brushfire, etc. If an earthquake occurs generating a reading of 5.0 or greater on the Richter Scale, new business policies and increased coverage request on in-force business policies will be restricted on the day of the earthquake and for a 3 day period following the earthquake. Any aftershock readings of 5.0 or greater will be considered a new earthquake. The restrictions will apply for risks located within 150 miles of the epicenter.
- POLICY TERM:** All policies will be written for a 12 month term.
- MINIMUM PREMIUMS:** A minimum written premium of \$200 will apply as well as a minimum earned premium of 25% of the yearly premium.
- POLICY FORM:** ISO DP-1 (DP 00 01 07 88)
- LIMITS:** Property limits are available from \$15,000 to \$250,000.
- APPLICATION:** The application must be completed in full and signed by the applicant.
- VALUATION:** Dwellings must be insured for 100% of their actual cash value.
- WHOLE DOLLAR PREMIUM RULE:** Each coverage premium will be rounded to the nearest whole dollar. For this purpose, an amount of fifty (50) cents or more will be rounded to the next whole dollar.
- POLICY TRANSFER OR ASSIGNMENTS:** Transfer or assignments are not available. New applications are required.
- UNDERWRITING REPORTS:** A C.L.U.E. Property report will be run on all risks. The result of this report may impact the acceptability of the risk.
- POLICY FEE:** A \$10 policy fee will be assessed on all new and renewal business. This policy fee is fully earned.
- PREMIUM CALCULATIONS:** The Discount percentages (Example: 3%) will be totaled. The total will be applied to the BASE PREMIUM (Coverages A & B). This is the subtotal. Add optional coverage premiums to this subtotal for your final premium.
- PHOTOS:** All dwellings must have 2 photos clearly showing the front and back of the dwelling attached to the application.

VACANT DWELLING PROGRAM RATES

The rates shown for this program are on an ANNUAL TERM BASIS. Fire and E.C. & VMM Premium - \$500 Deductible
A 25% Minimum Earned Premium will apply.

DWELLING, per \$100 of coverage:

PC 1-6	PC 7-8	PC 9-10
\$1.12	\$1.12	\$1.24

OTHER STRUCTURE COVERAGE, The rate is per \$100 of coverage:

PC 1-6	PC 7-8	PC 9-10
\$1.12	\$1.12	\$1.24

DEDUCTIBLE OPTIONS:

\$1,000	- 3%
\$2,500	- 5%

PREMISES LIABILITY, per additional insured premises (\$500 Medical Payments to Others Included):

LIABILITY	PREMIUM
\$ 25,000	\$ 84
\$ 50,000	\$ 96
\$100,000	\$120
\$300,000	\$144

INCREASED MEDICAL PAYMENTS TO OTHERS, per additional insured premises:

MED PAY	PREMIUM
\$1,000	\$ 8
\$2,500	\$12
\$5,000	\$20

UNACCEPTABLE RISKS - DO NOT BIND, DO NOT SUBMIT

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

- | | |
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| <ol style="list-style-type: none"> Is this a builder's risk under construction or major renovation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there NO intent to sell, rent or occupy the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the dwelling NOT completely secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the risk a non-residential vacant/unoccupied dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the dwelling been vacant for more than 12 months where a regular check of the dwelling and premises has not been conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dwelling have pipes that have not been drained, where heat is not being thermostatically maintained inside? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the risk have a swimming pool on the premises that is not completely secured and drained? Risk can be written with NO liability coverage. <input type="checkbox"/> Yes <input type="checkbox"/> No Have any of the applicants been convicted of arson or insurance fraud? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dwelling have any existing structural damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | <ol style="list-style-type: none"> Is the dwelling in foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dwelling have more than 4 individual family units? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dwelling have any liquid fuel-powered space heaters or existence of any heat reclaiming device? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dwelling have knob and tube wiring or electrical wiring with less than 100 AMP service? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the dwelling next to any burned out or abandoned building? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the dwelling a row home, dome home, log home, straw built home or condominium? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dwelling have more than 2 lien holders? Two lien holders are acceptable if one is a financial institution. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the dwelling ever been deemed a total loss? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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SUBMIT RISKS TO GENERAL AGENT - DO NOT BIND

Any "Yes" response must be explained below and submitted unbound!

- | | |
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| <ol style="list-style-type: none"> Has the applicant 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? If yes, give date of loss, describe the loss and the amount paid to repair the damage. <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dwelling have no permanently installed steps at all entrances? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant had a homeowners/dwelling policy cancelled or non-renewed for underwriting reasons (except age of dwelling) during the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant filed for bankruptcy in the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant been 30 days past due on mortgage payments in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dwelling have steps or porches, over 2 feet in height that do not have a railing? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the applicant unemployed? (Retirees with guaranteed income and disabled persons with a consistent income are considered employed.) <input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Yes <input type="checkbox"/> No | <ol style="list-style-type: none"> Does the applicant own, keep, or shelter any of the following breeds: Akitas, Anatolian Shepherds, Chows, Dobermans, Pit Bulls, Rottweilers, Wolf or Wolf Hybrids, any mix of these breeds, any animal with a previous bite history or any exotic (snakes, monkeys, etc.) animals? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dwelling have more than 2 unrelated owners? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dwelling have an open foundation or is it built on stilts, posts or piers? Photos must be included. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the dwelling located 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"/> Yes <input type="checkbox"/> No Are there multiple horses, livestock or farm animals on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the premises have 5 or more acres? <input type="checkbox"/> Yes <input type="checkbox"/> No Are business or farming activities conducted on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dwelling have any unrepaired damage or existing non-structural damage? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the dwelling attached to or a converted commercial risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Do the other structures exceed 30% of the Coverage A value? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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Explain "Yes" answers!



VACANT DWELLING APPLICATION (LOB 56)

NAMED INSURED			PRODUCER		
Name _____			Agency Name: _____		Agent #: _____
Address _____			REQUEST POLICY TERM		
City _____	State _____	Zip _____	From _____	To _____	Policy Term: 12 Months
County _____		Phone No. _____	Time _____	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Occupation _____	Employer _____		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.		
Social Security # _____	DOB _____				
Spouse's Name _____		DOB _____			
Spouse's Social Security # _____	DOB _____				
Spouse's Occupation _____	Spouse's Employer _____				

LOCATION		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> ADDITIONAL INSURED	
Address, if different than above (include city, state, zip and county) _____		Name _____	Loan # _____		
_____		Address _____	_____		
_____		City _____	State _____	Zip _____	
Is dwelling located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> * No		Name _____	Loan # _____		
* Please list driving directions! _____		Address _____	_____		
_____		City _____	State _____	Zip _____	

GENERAL INFORMATION					
Territory _____	Protection Class _____	Feet to Fire Hydrant _____	Miles to Fire Dept. _____	Volunteer Fire Dept. <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Families _____
Year Built _____	# of Stories _____	Square Footage _____	Year Purchased _____	Purchase Price \$ _____	Actual Cash Value (Excluding Land) \$ _____
Describe Unattached Structures: _____			Year Built _____	Square Footage _____	Actual Cash Value (Excluding Land) \$ _____

MUST COMPLETE THE FOLLOWING	
HOW LONG HAS THE DWELLING BEEN VACANT? _____	
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: _____	
BILLING / ACCOUNTING INFORMATION	
BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder	Check # _____
<input type="checkbox"/> One Pay <input type="checkbox"/> Two Pay* <input type="checkbox"/> Four Pay*	Check Amount \$ _____
*Each installment includes a \$6 fully earned service charge.	

POLICY INFORMATION		
COVERAGES	LIMITS	PREMIUM
Dwelling	\$ _____	\$ _____
Total Amount of Other Structures		
BASE PREMIUM:		
Premises Liability		
Medical Payments to Others		
Deductible		
Policy Fee:		\$10.00
Minimum Earned Premium is 25% of Annual Premium. Minimum Written Premium \$200.		TOTAL PREMIUM: \$ _____

ADDITIONAL VACANT RISK INFORMATION NEEDED	
Date Vacated? _____	Reason Vacated? _____
Intention for dwelling? <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Renovate <input type="checkbox"/> Other _____	
Is the dwelling checked? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often? _____ By whom? _____

SPECIFIC BREED ANIMAL LIABILITY EXCLUSION NOTICE: I understand the Specific Breed Animal Liability Exclusion will be attached to my policy if Liability is purchased 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 Shepard, Chow, Doberman, Pit Bull, Rotweiler, Wolf or Wolf Hybrid.

FRAUD WARNING: Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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