



VACANT DWELLING APPLICATION (LOB 56)

APPLICANT			PRODUCER		
Name			Agency Name:		Agent #:
Address			Agency Phone:		Agent Fax:
City	State	Zip	REQUEST POLICY TERM		
County		Phone No.			
Occupation	Employer (If self-employed, list self)		From:	To:	Time: AM <input type="checkbox"/> PM <input type="checkbox"/>
Social Security #	DOB		Policy Period: <input type="checkbox"/> 12 months <input type="checkbox"/> 6 months <input type="checkbox"/> 3 months		
Co-applicant's Name			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.		
Co-applicant's Social Security #					
Co-applicant's Occupation					
Co-applicant's Employer (If self-employed, list self)					
Add'l Insured			LOCATION		
Address			Address, if different than above (include city, state, zip and county)		
City	State	Zip			

MORTGAGEE					
Name			Loan #		
Address			Address		
City	State	Zip	City	State	Zip

GENERAL INFORMATION													
Territory	Year Built	Square Footage	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	# of Families	Construction			# of Stories	Year Purchased	Purchase Price	Actual Cash Value (Excluding Land)
							<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry Veneer			\$	\$
Type of Wiring: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Fuses & Circuit Breakers							Date Of Last Update: _____					<input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update If Partial, to what extent: _____	
Type of Heating: _____							Date Of Last Update: _____					<input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update If Partial, to what extent: _____	
Describe Unattached Structures: _____													

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 Animal Type: _____
Breed of Dog: _____

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: \$
<input type="checkbox"/> 6 Month: TOTAL PREMIUM _____ x .50	ADJUSTED PREMIUM \$	
<input type="checkbox"/> 3 Month: TOTAL PREMIUM _____ x .25		

SPECIFIC BREED ANIMAL EXCLUSION NOTICE: I understand the Specific Breed Animal 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, Presa Canario, Rottweiler, Wolf or Wolf Hybrid.

FRAUD WARNING: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW: The financial strength of your insurer is one of the most important things for you to consider when determining from whom to purchase a property or liability insurance policy. It is your best assurance that you will receive the protection for which you purchased the policy. If your insurer becomes insolvent, you may have protection from the Minnesota Insurance Guaranty Association as described below but to the extent that your policy is not protected by the Minnesota Insurance Guaranty Association or if it exceeds the guaranty association's limits, you will only have the assets, if any, of the insolvent insurer to satisfy your claim.

Residents of Minnesota who purchase property and casualty or liability insurance from insurance companies licensed to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer becomes insolvent. This protection is provided by the Minnesota Insurance Guaranty Association.

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

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.
Earthquake: 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.
Wildfire: No new policies, binders or increases in coverage will be accepted when a wildfire is within 25 miles of the dwelling.
- OCCUPANCY:** Available for vacant dwellings and vacant mobile homes.
- POLICY TERM:** All policies will be written for a 3, 6 or 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 12 02)
- 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.

TERRITORIAL DEFINITIONS

The entire state is one territory.

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

COVERAGE A, DWELLING, per \$100 of coverage:	PC 1-8	PC 9-10
	\$1.20	\$1.32
COVERAGE B, OTHER STRUCTURES, per \$100 of coverage:	PC 1-8	PC 9-10
	\$1.20	\$1.32
DEDUCTIBLE OPTIONS:		
\$1,000		- 3%
\$2,500		- 5%

PREMISES LIABILITY, per premises: (\$500 Medical Payments to Others included)				
Liability:	\$25,000	\$50,000	\$100,000	\$300,000
Premium:	\$84	\$96	\$120	\$144
INCREASED MEDICAL PAYMENTS TO OTHERS, per premises:				
Med Pay	\$1,000	\$2,500	\$5,000	
Premium:	\$8	\$12	\$20	

UNACCEPTABLE RISKS – DO NOT BIND, DO NOT SUBMIT

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. Does the dwelling have more than 4 individual family units? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the dwelling equipped with a liquid fuel-powered space heater or heat-reclaiming device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other structures/garages on the premises have a wood/coal/pellet-burning device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the dwelling have knob and tube wiring or electrical service with less than 100 amps? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 8. Does the home have Exterior Insulation Finish System (EIFS) siding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the dwelling or other structures used to store flammables or explosive materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the dwelling under construction or major renovation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the dwelling next to any burned out or abandoned building? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the dwelling have a brush clearance of less than 100 feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the dwelling a row home, dome home, log home, straw built home or condominium? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the dwelling have more than 2 lien holders? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the dwelling have childcare, homecare, lodging, auto repair, chemical processing or any business pursuits being conducted on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |

SUBMIT RISKS TO GENERAL AGENT – DO NOT BIND

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

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Has the applicant had 2 or more property losses (paid or unpaid) in the past 36 months or any single fire, theft, vandalism, liability or flood 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"/> | <input type="checkbox"/> |
| 2. Has the applicant had a homeowners/dwelling policy cancelled or non-renewed for underwriting reasons (except home age or vacancy) during the past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant filed for bankruptcy in the past 36 months? | <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. Is the applicant unemployed? (Retirees with guaranteed income and disabled persons with a consistent income are considered employed.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the dwelling without permanently installed water, electricity, and sewage utility services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the dwelling's primary source of heat is a wood/coal/pellet burning device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the heat turned off or not maintained in the dwelling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the dwelling have un-repaired damage or existing non-structural damage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 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"/> |
| 11. 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. (Risk can be written with Liability if the Swimming Pool/Spa Liability Exclusion is attached.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the applicant own, keep, or shelter any animal with a previous bite history or any non-domestic animal at the premises? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 13. Does the applicant 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, any animal with a previous bite history, or any non-domestic animal at the premises? (Risk may be written with no liability coverage) | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is the dwelling attached to, occupied as or converted from a commercial risk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the dwelling have an open foundation or is it built on stilts, posts or piers? <i>Photos must be included.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is the dwelling equipped with steps or porches, over 2 feet in height that do not have a railing? <i>Photos must be included.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is the dwelling without permanently installed steps at all entrances? <i>Photos must be included.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is the dwelling within 1,500 feet of water (river, creek or ocean) or homes located on an island or in a Special Flood Hazard Area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Does the dwelling have multiple horses, livestock or farm animals on the premises? ... | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Does the dwelling have a dock, pier or boathouse on the premises? <i>Photos must be included.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Is the dwelling on a premises with 5 or more acres? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does the dwelling have farming or business activities conducted on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do the other structures exceed 30% of the insured value of the home, or \$25,000, whichever is greater? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "Yes" answers _____