

PERSONAL LIABILITY APPLICATION

POLICY TYPE:	PL I – Send to Home Office	PL II – Send to Farm Mutual Office	OWNER-OCCUPIED:	Yes	No
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AGENT INFORMATION:		APPLICANT INFORMATION:		POLICY INFO:	
AGENT NAME AND ADDRESS:		NAMED INSURED'S NAME AND MAILING ADDRESS:		POLICY NO:	
				EFFECTIVE DATE:	
				EXPIRATION DATE:	
AGENT NO:	AGENT PHONE:	NAMED INSURED'S HOME PHONE:	NAMED INSURED'S EMAIL ADDRESS:	12:01 a.m. S.T. at the address of the Named Insured.	

MAIL POLICY TO:	AGENT	INSURED	MORTGAGEE	NEW	RENEWAL	CHANGE	REPLACES NO.:
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NAMED INSURED'S INFORMATION:				LOCATION OF RESIDENCE/INSURED PREMISES:					
NAMED INSURED'S PREVIOUS ADDRESS (if less than 3 years)			YRS AT PREV ADDR	1/4:	SEC:	T: N or S	R: E or W	TWP:	COUNTY:
				PREMISES ADDRESS:				TOWN:	STATE:
NAMED INSURED'S OCCUPATION (State nature of business if self-employed)			NAMED INSURED'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MARITAL STATUS/ CIVIL UNION (IF APPLICABLE)	DATE OF BIRTH
2ND NAMED INSURED'S OCCUPATION (State nature of business if self-employed)			2ND NAMED INSURED'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MARITAL STATUS/ CIVIL UNION (IF APPLICABLE)	DATE OF BIRTH
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:					

The principal residence premises are located at the above address, unless otherwise stated herein. **
 ** ABSENCE OF AN ENTRY MEANS "NO EXCEPTION."

LIABILITY COVERAGES		LIMITS OF LIABILITY		PREMIUM
COVERAGE E – LIABILITY TO PUBLIC – <i>The General Annual Aggregate is equal to twice the limit shown for Coverage E – Liability to Public. (General Annual Aggregate is not applicable in Illinois.)</i> <i>The Annual Aggregate Limit for pollution risks is \$300,000.</i>		EACH OCCURRENCE		\$
COVERAGE F – MEDICAL PAYMENTS TO PUBLIC		EACH PERSON		\$
ADDITIONAL LIABILITY COVERAGE – DAMAGE TO PROPERTY OF OTHERS		EACH OCCURRENCE		\$
OPTIONAL COVERAGE(S)	DESCRIPTION			PREMIUM
INCIDENTAL BUSINESS ACTIVITY	GROSS RECEIPTS: \$			\$
INCIDENTAL AGRICULTURAL ACTIVITY	ACRES: LIVESTOCK: <input type="checkbox"/> YES <input type="checkbox"/> NO			\$
<input type="checkbox"/> ADD'L PREMISE <input type="checkbox"/> RENTAL PREMISE ADDRESS:				\$

SUBJECT TO LIABILITY FORMS:

PAYMENT PLAN:		PAYMENT METHOD:		BILLING NAME AND ADDRESS:	
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL INSURED	<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD		
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL OTHER:	<input type="checkbox"/> CHECK	<input type="checkbox"/> EFT		
<input type="checkbox"/> FULL PAY	<input type="checkbox"/> ANNUAL				
<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> MONTHLY				
<input type="checkbox"/> QUARTERLY					
PREMIUMS	LIABILITY \$	OTHER \$	TOTAL \$	BILLING MODE	

THIS POLICY WILL BE CONTINUED TO THE EXPIRATION DATE ABOVE IF YOU PAY THE REQUIRED PREMIUM FOR EACH SUCCESSIVE YEAR OR PREMIUM PAYMENT PERIOD. REQUIRED PREMIUMS WILL BE BASED ON OUR RATES THEN IN EFFECT.

GENERAL INFORMATION:

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		
2. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
3. HAS SIMILAR INSURANCE BEEN CANCELLED OR REFUSED BY ANOTHER COMPANY? (MISSOURI APPLICANTS – DO NOT ANSWER.)		
4. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		
5. DURING THE LAST 5 YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?		
6. DO ANY OF THE NAMED INSUREDS OR ADDITIONAL NAMED INSUREDS CARRY ANY OTHER PERSONAL LIABILITY INSURANCE POLICIES? (If yes, please list the individual(s).)		
7. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? (If yes, describe land use and # of acres.)		
8. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		
9. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care, orchard/gardens, tree farms, antique/craft shops)		
10. ANY RESIDENCE EMPLOYEES? (No. and type of full and part time employees)		
11. ARE THERE ANY DOGS, LIVESTOCK, EXOTIC PETS, DOMESTICATED WILDLIFE OR DANGEROUS ANIMALS OWNED BY THE INSURED OR KEPT ON PREMISES? (Note breed, quantity, claim history, including bites and no. of claims.)		
12. DOES THE PREMISES CONTAIN ANY OF THE FOLLOWING:		
a. TRAMPOLINE?		
IF "YES" IS THERE A SAFETY NET?		
b. SWIMMING POOL?		
c. MOTORCYCLE OR GO KART TRAIL/TRACK?		
d. CAMPING AREA?		

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO		
13. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?				
14. IF CONSTRUCTION WORK IS BEING DONE, IS THE APPLICANT THE GENERAL CONTRACTOR?				
15. ARE THE PREMISES EQUIPPED WITH FIRE EXTINGUISHERS, SPRINKLER SYSTEMS AND/OR SMOKE DETECTORS?				
16. ARE ANY RENTAL PREMISES EQUIPPED WITH FIRE EXTINGUISHERS, SPRINKLER SYSTEMS AND/OR SMOKE DETECTORS?				
17. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?				
18. a. DOES THE APPLICANT ALLOW HUNTING/FISHING ON PREMISES?				
b. DOES THE APPLICANT CHARGE FOR HUNTING/FISHING ON PREMISES?				
19. a. DOES THE APPLICANT OWN ANY WATERCRAFT?				
b. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (Snowmobiles, Dune Buggies, Gas Powered Scooters, Mini Bikes, ATVS, etc.)? (Please list all watercraft and RV's below.)				
YEAR	SIZE OF MOTOR	BODY TYPE	MAKE	MODEL
20. HOW WILL THE WATERCRAFT OR RV BE INSURED?				
<input type="checkbox"/> SELECT RECREATIONAL VEHICLE ENDORSEMENT				
<input type="checkbox"/> RECREATIONAL VEHICLE POLICY				

PRIOR COVERAGE:

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

ADDITIONAL INSURED(S):

NAME	ADDRESS	INTEREST OF ADD'L INS	PROPERTY	LIABILITY	LIMITED FORM	
					YES	NO
					YES	NO
					YES	NO
					YES	NO

REMARKS: (or Information which will help in underwriting this risk)

BINDER/SIGNATURE:

NOTICE OF INFORMATION PRACTICES – 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP 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. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THE INFORMATION CONTAINED IN THIS APPLICATION AND OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY BE SHARED WITH AFFILIATED COMPANIES OR NON-AFFILIATED COMPANIES AS PERMITTED BY LAW FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING, AND INSURANCE MARKETING. THIS INFORMATION MAY BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. CONTACT YOUR AGENT FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

USE OF CLAIMS INFORMATION – WE WILL CONSIDER YOUR CLAIMS HISTORY IN DETERMINING WHETHER TO DECLINE, CANCEL, NON-RENEW, OR SURCHARGE THE POLICY FOR WHICH YOU ARE APPLYING. IN ADDITION, ANY CLAIM MADE BY YOU WILL BE REPORTED TO AN INSURANCE SUPPORT ORGANIZATION.

ALL APPLICANTS – NOTICE OF CREDIT SCORING INFORMATION (APPLIES ONLY IF BOX IS CHECKED): YOUR AGENT WILL OBTAIN CREDIT SCORING INFORMATION FOR THE PURPOSE OF UNDERWRITING THE POLICY AND/OR DETERMINING THE PREMIUM THAT YOU WILL BE CHARGED.

MN APPLICANTS – I ACKNOWLEDGE THAT I HAVE BEEN GIVEN A COPY OF THE NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW (**GMIL 1957 MN**).

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSES OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

BY SIGNING THIS APPLICATION, YOU AUTHORIZE COLLECTION OF THE ABOVE INFORMATION AND AGREE THAT YOU HAVE READ AND UNDERSTOOD ALL OF THE QUESTIONS ASKED AND INFORMATION SUPPLIED, THAT THE ANSWERS YOU HAVE GIVEN IN APPLYING FOR COVERAGE ARE TRUE, AND THAT NO MATERIAL FACT HAS BEEN WITHHELD.

BOUND COVERAGE: COVERAGE IS BOUND AS OF THE EFFECTIVE DATE SHOWN ON THIS APPLICATION.

NON-BOUND COVERAGE: COVERAGE IS NOT BOUND UNTIL THE APPLICATION IS APPROVED BY THE COMPANY.

DATE	APPLICANT'S SIGNATURE	AGENT'S SIGNATURE