

GRINNELL MUTUAL REINSURANCE COMPANY
Grinnell, Iowa

APPLICATION FOR OWNERS, LANDLORDS AND TENANTS POLICY

AGENCY NUMBER

Agent: _____

Send application to
Grinnell Mutual
Member Office

Code:	Subcode:
Agency Telephone #	

Named Insured: _____

Policy No. _____ Renews No. _____

Address: _____

Policy Period: From _____ To _____
12:01 a.m. S.T. at the address of the Named Insured

New Renewal Change of Coverage

ZIP Code: _____ Telephone No.: _____

Effective Date of Change _____

Address of Insured Premises [Rental(s)] – If multiple family dwelling, indicate number of units:

COVERAGES		Limit of Liability	Premium	
Liability to Public – Coverage A – Each Occurrence <i>The Annual Aggregate is equal to twice the limit shown above for Liability to Public – Coverage A (Annual Aggregate is not applicable in Illinois.) The Annual Aggregate Limit for pollution risks is 300,000.</i>			\$	
<input type="checkbox"/> Medical Payments to Public – Coverage B (Optional) – Each Person			\$	
BASIC POLICY PREMIUM			\$	
Additional Coverages(s)	Description	Form Number	Premium	
			\$	
			\$	
Additional Insured(s)				
Name	Address	Interest of Add'l. Insured	Form Number	Premium
				N/C
				N/C
Subject to Forms:				
		TOTAL ANNUAL PREMIUM		\$

PLEASE ANSWER ALL QUESTIONS IN THIS SECTION.

- When more than one person is shown as the named insured, indicate their relationship to each other.

- Do all named insureds reside on the premises? Yes No
- Occupation of named insured? _____
- Any coverage declined, cancelled or non-renewed during last 3 years? **MISSOURI APPLICANTS – DO NOT ANSWER**
 Yes No If yes, explain: _____
- Number of acres if in excess of one? _____
- Are any horses housed on premises? Yes No Number _____
- Are any farm animals (other than horses) maintained on premises? Yes No Number _____
- Are any dogs maintained on the premises? Yes No Number _____ Breed _____
Bite History _____
- Is any part of the premises used as farmland? Yes No

10. Are there any other businesses, professions, or agricultural activities conducted on the insured premises?

Yes No If yes, please explain _____

11. Do any of the named insureds or additional named insureds carry any other personal liability insurance policies?

Yes No If yes, please list _____

12. Are you presently insured? Yes Company _____

No Previous Company _____

Why are you changing?

13. Insured's Loss Experience:

LOSS HISTORY INFORMATION – LAST 5 YEARS		
Date	Type of Loss	Amount

BINDER/SIGNATURE

NOTICE OF INFORMATION PRACTICES – Personal Information about you, including information from a credit or other investigative report, may be collected from person 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 your 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 (**GMRC 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 subjects 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