

<b>APPLICATION</b> Indicate Policy Type Occupancy & Mobile Home, if applicable:	<input type="checkbox"/> Dwelling Property	<input type="checkbox"/> Dwelling 1	<input type="checkbox"/> Mobile Home
	<input type="checkbox"/> PL	<input type="checkbox"/> OLT (must be attached to PROPERTY ONLY policy)	
	Occupancy: <input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Rented Dwelling <input type="checkbox"/> Tenant		

Policy No: \_\_\_\_\_  
 1. Agent: \_\_\_\_\_ Agent No.: \_\_\_\_\_  
 Agent Telephone No. \_\_\_\_\_  
 2. Named Insured: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Billing Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

3. Location of residence/insured premises:  
 \_\_\_\_\_ ¼ Sec: \_\_\_\_\_ T: \_\_\_\_\_ R: \_\_\_\_\_ ;  
 Twp: \_\_\_\_\_ County: \_\_\_\_\_  
 Premises Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_  
 4. Policy Period: From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 a.m. S.T. at the address of the Named Insured  
 5. Premises Occupied By: \_\_\_\_\_  
 6. Interest of Insured: \_\_\_\_\_  
 7. Mortgagee: \_\_\_\_\_  
 8. Loss Payee: \_\_\_\_\_

Subject to Forms:


Deductible: \$ \_\_\_\_\_  
 No Deductible (except the Special Mandatory Deductible, if any)

Additional Insured(s)							
Name	Address			Interest of Add. Ins.	Prop.	Liab.	Limited Form
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>

Section I - Property Protection	Class	Dimensions			Year Built	Type of Constr.	Roof		Amount of Coverage	Item Information
		W	L	H			Kind	Year		
A. Dwelling										
B. Other Structures										
C. Personal Property										
D. Additional Living Expense/Loss of Rents										
Permanent outside electrical wiring and equipment										
Fire Department Service Charge										

Section II - Liability Protection	Grinnell Mutual Reinsurance Company	Limit of Liability	Premium
A. Liability to Public Coverage	– Each Occurrence		\$
B. Medical Payments to Public Coverage	– Each Person		
C. Damage to Property of Others*	– Each Occurrence		
Optional Coverage(s)	Description	Premium	
Incidental Business Activity *	Gross Receipts: \$	\$	
Incidental Agricultural Activity *	Acres:      Livestock: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Additional <input type="checkbox"/> Rental Premise			
* Not available on OLT Policy			

Subject to Forms:

New  Change  Replaces No. \_\_\_\_\_      Mail policy to:  Agent  Insured  Mortgagee

Premiums	Fire \$	Windstorm-Hail \$	Liability \$	Other \$	Total \$	Billing Mode
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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.

The dwelling described on reverse side is located: (check and complete one only)

- Within the corporate limits of a town with fire protection class \_\_\_\_\_, within \_\_\_\_\_ feet of a fire hydrant.
- Outside of town \_\_\_\_\_ miles from the responding fire department.

**I. PLEASE ANSWER ALL QUESTIONS IN THIS SECTION.**

1. Condition of Premises:  Excellent  Good  Fair  Poor

2. Type(s) of heat:  Natural Gas  Electric  L.P. Gas  Oil

Solid Fuel Describe \_\_\_\_\_

3. Are the premises equipped with fire extinguishers, sprinkler systems and/or smoke detectors?  Yes  No

4. Occupation of named insured? \_\_\_\_\_

5. Number of acres? \_\_\_\_\_ 6. Is any part of the premises used as farmland?  Yes  No

7. Are any dogs maintained on premises?  Yes  No Number \_\_\_\_\_ Breed \_\_\_\_\_

8. Are any farm animals (including horses) maintained on premises?  Yes  No Number \_\_\_\_\_ Kind \_\_\_\_\_

9. Does the named insured have any recreational vehicles?  Yes  No Kind \_\_\_\_\_

10. Are items of special value (jewelry, silverware, furs, guns, antiques, fine arts, etc.) adequately insured?  Yes  No

11. Name of current or last insurance carrier? \_\_\_\_\_

12. Has similar insurance been cancelled or refused by another company?  Yes  No

If yes, give date and explain. \_\_\_\_\_

13. Insured's Loss Experience:

Loss History Information – Last 5 Years		
Date	Type of Loss	Amount

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

Yes  No If so, please list the individual(s). \_\_\_\_\_

15. Does the named insured have any other policies with this company?  Yes  No

If yes, give policy type(s). \_\_\_\_\_

16. Are there any other businesses or professions conducted on the insured premises that are not listed on the front of this application?  Yes  No If yes, explain. \_\_\_\_\_

17. Is there any other information that would be helpful in underwriting this risk? \_\_\_\_\_

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\_\_\_\_\_

**BINDER/SIGNATURE**

The applicant applies to:  For insurance for fire and allied perils	and to:  <p style="text-align: center;"><b>Grinnell Mutual Reinsurance Company</b> <b>Grinnell, Iowa</b></p> for Liability Insurance. Grinnell Mutual Reinsurance Company may also provide the Windstorm, Hail, Earthquake and/or Inland Marine Coverage.
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**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. A more detailed description of your rights and our practices regarding such information is available upon request. 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.

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 Fire and Allied Perils Insurer.

<b>Date</b>	<b>Applicant's Signature</b>	<b>Agent's Signature</b>
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**REMINDER:** If the dwelling is a mobile home, the Mobile Home Questionnaire (**RC 120**) must be completed and attached to this application.