FIRE INSURANCE COMPANY

TOWN AND SUBURBAN APPLICATION FOR FIRE WINDSTORM AND OR LIABILITY

ROCKFORD MUTUAL INSURANCE COMPANY
ROCKFORD, ILLINOIS

☐ NEW POLICY NO. _____ TELEPHONE NO. _____

NAME OF APPLICANT _____

(MAILING ADDRESS)

STREET _____

CITY _____ STATE _____

SOCIAL SECURITY NO. _____ ZIP CODE _____

ISSUE POLICY AS:
1. ☐ Combination Fire and Wind
   - ☐ Special 100 Home Protector
   - ☐ Special Home Protector
   - ☐ Home Protector
   - ☐ Town and Suburban
2. ☐ _____

MODE OF BILLING ☐ ANNUAL ☐ SEMI-ANNUAL

TO: ☐ INSURED ☐ MORTGAGEE

INDICATE IF APPLICABLE:
- ☐ Builder Risk
- ☐ Mobile Home Only
- ☐ Public Buildings
- ☐ Inland Marine

Collapse (Outbuildings) ☐ Yes ☐ No
Earthquake ☐ Yes ☐ No (If Yes)
Include Brick Veneer Cov? ☐ Yes ☐ No
- ☐ Mine Subsidence
- ☐ _____
- ☐ Inflation Protection (included with Replacement Cost)

APPLICANT'S OCCUPATIONS IS

APPLICANT IS: OWNER OCCUPANT ☐ TENANT ☐ LANDLORD ☐

IF DWELLING IS TENANT OCCUPIED - NAME OF TENANT IS

THIS POLICY WILL BECOME EFFECTIVE AT 12:01 am CST MO. DAY YR. FOR A TERM OF ONE YEAR AND FOR SUCCESSIVE TERMS OF ONE YEAR EACH, FOR WHICH THE THEN CURRENT ANNUAL PAYMENT IS PAID, AND SHALL EXPIRE AT 12:01 am CST on MO. DAY YR.

LOCATION OF PROPERTY INSURED

LOC. NO.	FARM & RURAL: ACRES	QTR.	SEC.	TWP.	RGE.	TOWNSHIP NAME	COUNTY NAME	STATE	FIRE CLASS	TOWN: LEGAL DESCRIPTION OR ADDRESS	TOWN

SECTION 1 — PROPERTY COVERAGE

PERILS COVERED

GROUP 1		Fire and E.C. - No Wind or Hail
GROUP 2		Windstorm and Hail
GROUP 3		Dwg. and or Contents Extended Perils
GROUP 5		All Risks - Physical Loss (IF APPLIES, "X" GRP. 5 column below)

DEDUCTIBLE TO APPLY — IF ANY

(State Amount of deductible)
All Perils $_____
Grp. 2 Perils $_____
(a) Theft $_____
All Risk $_____

DWELLING AND APS PERSONAL PROPERTY

LOSS SETTLEMENT — CODE LEGEND
1. Actual Cash Value
2. 80% Replacement Cost
3. 60% Replacement Cost
(Enter applicable code in "Loss Settlement" column below)

1. Actual Cash Value
4. Replacement Cost

LOC. NO.	PROPERTY TO BE INSURED	CLASS	AMOUNT OF COVERAGE	INITIAL PREMIUM FIRE	INITIAL PREMIUM WIND	TOTAL PREMIUM	SIZE/CAPACITY W	SIZE/CAPACITY L	SIZE/CAPACITY H	CONSTRUCTION KIND	CONSTRUCTION YEAR	ROOF KIND	ROOF YEAR	GROUP 5	Loss Sett'm.	"X" if Earthquake Coverage
	1. Dwelling #1 Modern Dwg. Disc't. "X" if applies ☐															
	2.															
	3. Auxiliary Private Structure															
	4. Personal Property															
	5. A.L.E. or Rent Value															
	TOTALS															

SECTION 2 — LIABILITY COVERAGE

TYPE OF POLICY
- ☐ Compre. Personal Liability
  - ☐ Farmette
- ☐ OLT Premises Liability

LIMITS OF LIABILITY
Bodily Injury & Prop. Damage $_____ ea. occur.
Medical Payments $_____ ea. pers
$25,000 ea. occur.

UNDERWRITING QUESTIONS

1. Is dwelling over 30 years old? _____ Year Wiring updated _____
2. Is roof over 20 years old? _____ Condition of roof _____
3. Is there a swimming pool? _____ Fenced? _____
4. Is there a trampoline on the premises? _____ Fenced? _____
5. Is there livestock on the premises? _____ Condition of fences _____
6. Is there a dog on premises? _____ Breed _____ Temperament _____
7. Was property inspected by agent? _____
8. Do you have a photo on file? _____
9. Has any company refused renewal or similar insurance? _____
10. Is there a space heater? _____ Type of heat _____
11. Is there a woodburner? _____
12. Is there any building to be excluded? _____ Describe _____
13. Are there more than two mortgages on any one property? _____ Explain _____
14. Are there any additional insureds? _____ Their interest _____
15. Are there any business pursuits? _____ Describe _____
16. Are you insuring any rental property for liability only? _____
17. Is this a mobilehome? _____ Anchored? _____
18. Does the insured babysit for more than three children? _____

BASIC COVERAGE	PREMIUM
1. COMPREHENSIVE PERSONAL LIABILITY No. of Families _____	
Farmette ☐	
2. OLT PREMISES LIABILITY No. of Families	
Loc. 1 ☐ 1 ☐ 2 ☐ 3	
Loc. 2 ☐ 1 ☐ 2 ☐ 3	
Loc. 3 ☐ 1 ☐ 2 ☐ 3	
OPTIONAL MEDICAL ☐ $5000 ☐ $10000 ☐ $25,000	
BUSINESS PURSUITS _____ Type	
Class _____ Liability	
Medical	
TOTAL LIABILITY PREMIUM	

TOTAL PREMIUMS

	ANNUAL		SEMI-ANNUAL
FIRE			
WIND			
RMIC LIABILITY			
INLAND MARINE			
EARTHQUAKE			
MINE SUB.			
HOME/AUTO DISCOUNT			
TOTAL COMBINED PREMIUM			

OTHER INTERESTS
☐ Contract ☐ Mortgage ☐ Loss Payable ☐ Other

Wiring _____ Circuit Breakers _____ Fuses/Amps _____

Previous Carrier _____

Losses — LIST ALL LOSSES FOR THE PAST 3 YEARS

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

☑ **MINE SUBSIDENCE WAIVER**

I, We do not desire MINE SUBSIDENCE INSURANCE and hereby waive any right to such coverage under this policy or any future policy covering my (our) interests in the property unless I (we) request this coverage, in writing, at some future date.

INSURED'S SIGNATURE DECLINING COVERAGE

X _____

X _____

APPLICANT'S SIGNATURE X

DATE _____ AGENT X _____ AGENT'S NO. _____

AGREEMENTS THE APPLICANT applies for membership and insurance in each Company and agrees to be bound by the policy issued hereon and by the articles of incorporation and by-laws of each Company as now in force or as the same may be hereafter amended. THE APPLICANT agrees that the application contains a full and true description and statement of the condition, situation, value, encumbrance, occupancy and title of the property proposed to be insured, and agrees to notify the Company of any change therein.

PROXY STATEMENT Upon policy being issued hereon, the applicant, as policyholder of Rockford Mutual Insurance Company, and the above named Fire Company, does hereby appoint the Proxy Committee of such Company, (s), as his lawful representative for the term of the policy herein applied for, or until such power is revoked in writing, to vote his proxy at any and all meetings in which the undersigned is not represented in person.

FORM RMIC 99-104T (3/03 revised)

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