



**Farmers Mutual Insurance Co.**  
P.O. Box 396, Ellinwood, KS 67526-0396

Phone: 1-800-752-3449  
Email: fmi@fmi-ks.com

Fax: 1-620-564-3555  
Website: www.fmi-ks.com

**Application for Fire Insurance Policy**

*Please Print or Type all Requested Information*

Date of Application:	Effective Date for Policy and/or Changes	City Fire <input type="checkbox"/> Farm Fire <input type="checkbox"/>
<input type="checkbox"/> New App: Assigned Policy # _____ <input type="checkbox"/> Rewrite from _____ <input type="checkbox"/> Changes to Existing Fire Policy _____		AGENCY:
<input type="checkbox"/> Binder: If checked, the following conditions apply: This Company binds the kind(s) of insurance stipulated on this application for thirty (30) days from the above date of application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company. This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the Binder according to the Rules and Rates in use by the Company.		

**PRIMARY INSURED (Complete on ALL Locations)**

	Telephone		
Mailing Address:	City	State	Zip

**ADDITIONAL INTEREST (List ONLY Those with Interest in THIS Location.)**

Mtg	Name & Address	Loan #
Adl Int.		
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Adl Int.		

**POLICY AND PREMIUM INFORMATION**

Form	Deductible	Billing Instructions	Public Protection	Occupancy		Dwelling: #Families	Struct. Type	Struct. Const.	Const. Credit	Mobile Home:
		Payment Plan:								Year: Taxed as <input type="checkbox"/> Real <input type="checkbox"/> Personal Prop.
		Bill To:								

**INSURED PROPERTY LOCATION (City or Rural [sec-twnsp-rng] Legal)**

Location	
Zip Code	County
	# Acres

**COVERAGES AND LIMITS OF LIABILITY**

	A. Dwelling	B. Other Structures	C. Personal Property	D. Loss of Use	E. Farm Property	F. Farm Structures	L. Liability	<input type="checkbox"/> Pers. Lia. <input type="checkbox"/> Farm Pers. Lia. <input type="checkbox"/> Premises Only	M. Medical	Other Endrmnts	Total
Limit:	\$	\$	\$	\$	\$	\$	\$		\$		
Prem: Fire	\$	\$	\$	\$	\$	\$	\$		\$	\$	\$
EC											

**ENDORSEMENTS**

FMI-113 (Theft) A B C     V & MM (FL-1 Only) A B C     Personal Prop. in Storage

FL-15 (Increased Limits) Item \_\_\_\_\_ \$ \_\_\_\_\_

Enter other endorsement(s), Name & Limit

**GENERAL INFORMATION:**

1. Applicant is  Owner  Tenant --  Individual  Partnership  Corporation or  Estate.

2. Additional Information: **Date of Birth**      **Marital Status**      **Occupation**      **Social Security Number**

Applicant \_\_\_\_\_

Spouse \_\_\_\_\_

Other Residents \_\_\_\_\_

3. How long has Applicant lived at present address? \_\_\_\_\_ Years. If less than 2 years, give previous address.

4. Agent has known Applicant \_\_\_\_\_ years.

5. Has any insurance company cancelled, declined or refused to renew insurance to the applicant within the past 5 years? \_\_\_\_\_  
If yes, explain below.

6. Applicant's previous carrier at this or previous address? \_\_\_\_\_ Policy Number: \_\_\_\_\_

7. Does applicant have other insurance with Farmers Mutual? Give Policy numbers: \_\_\_\_\_

8. LOSS HISTORY Any Losses During the last 5 years? YES NO If 'YES', Indicate Below

Date	Type	Description of Loss	Amount

PLEASE USE 'REMARKS' FOR EXPLANATIONS		Yes	No	PLEASE USE 'REMARKS' FOR EXPLANATIONS		Yes	No
10.	Are there any residence elevators, inclinators or escalators?			21.	Does the applicant operate any roadside stands or advertise sale of products on the premises?		
11.	Trampoline or other playground equipment on premises? Is it fenced and locked?			22.	Does the applicant own any farms or other residences (located in Kansas only) such as a summer cottage, hunting cabin, or dwelling rented to others? If yes, complete an Additional Location box below for each.		
12.	Any wading or swimming pools or farm ponds on premises? Is it fenced and locked?			23.	Does the applicant operate inboard or outboard boats? If so, describe, giving length, horsepower and M.P.H.		
13.	Are there Dogs on Premises? Give Number & breed			24.	Are there any motorized vehicles such as riding mower, snow blower, golf cart, ATV?		
14.	Are there other pets or show animals? Number & Breed			25.	Was the structure originally built for other than private residence and then converted?		
15.	Are there saddle and driving animals? Number & Breed			26.	Any other insurance on this property?		
16.	Have animals ever been vicious or bitten any persons?			27.	Any Solid Fuel Heaters?? Attach Photos & Supp. WB App.		
17.	Does the applicant have any domestic employee(s)? If so, Number: ____ Describe:						
18.	Are there any business pursuits conducted on premises?						
19.	Is any Farming conducted on premises?						
20.	Does the applicant do custom work of any nature?						

**PROPERTY INFORMATION:**

**Dwelling:** Stories \_\_\_\_\_ Exterior Walls \_\_\_\_\_ Paint Cond. \_\_\_\_\_ Roof Type \_\_\_\_\_ Age \_\_\_\_\_

Heat System \_\_\_\_\_ Age \_\_\_\_\_ Air Cond. \_\_\_\_\_ Age \_\_\_\_\_ Electric. Sys. Age \_\_\_\_\_ Plumbing Sys. Age \_\_\_\_\_

Foundation \_\_\_\_\_ Basement \_\_\_\_\_ % Finished \_\_\_\_\_ # of Rooms \_\_\_\_\_ Fireplace \_\_\_\_\_

Year Constructed \_\_\_\_\_ Square Feet \_\_\_\_\_ Replace Value \_\_\_\_\_ Market Value \_\_\_\_\_

**Mobile Home:** Make \_\_\_\_\_ Year Built \_\_\_\_\_ Serial # \_\_\_\_\_ Dimin. \_\_\_\_\_ x \_\_\_\_\_

Market Value \_\_\_\_\_ Skirting? \_\_\_\_\_ Tie Downs: Top \_\_\_\_\_ Frame \_\_\_\_\_ Siding \_\_\_\_\_ Roof \_\_\_\_\_

Taxed as (Real/Personal) Property Porches \_\_\_\_\_ x \_\_\_\_\_ Additions \_\_\_\_\_ x \_\_\_\_\_

Heat System \_\_\_\_\_ Age \_\_\_\_\_ Air Cond. \_\_\_\_\_ Age \_\_\_\_\_ Electric. Sys. Age \_\_\_\_\_ Plumbing Sys. Age \_\_\_\_\_

**Other Structures:** Type \_\_\_\_\_ Dim. \_\_\_\_\_ x \_\_\_\_\_ Sq. Feet \_\_\_\_\_ Replace Val. \_\_\_\_\_ Market Val. \_\_\_\_\_

Construction \_\_\_\_\_ Roof \_\_\_\_\_ Electric? \_\_\_\_\_ Heated? \_\_\_\_\_ Heating System \_\_\_\_\_

REMARKS (Attach Additional Page if Needed):

**Attach photographs: Dwelling front & rear plus any insured outbuildings**

**IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:** In making this application for insurance it is understood that as a part of our underwriting procedure, an Investigative Consumer Report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the customer report which may be requested, ask your agent for the address of the company handling your account.

I hereby certify the information contained in this application is true and correct to the best of my knowledge and I agree to allow the Company to inspect and photograph the property described herein.

Applicant Signature (required)

Date

Agent Signature (required)

Date