



Farmers Mutual Insurance Co.

P.O. Box 396, Ellinwood, KS 67526-0396

1-800-752-3449

HOMEOWNERS APPLICATION

Please Print or Type all Requested Information

Date of Application:	Effective Date for Policy and/or Changes	AGENCY:
<input type="checkbox"/> New App: Assigned Policy # _____ <input type="checkbox"/> Rewrite from _____		
<input type="checkbox"/> Changes to an Existing Homeowners Policy # _____		
<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

Mailing Address:		City	State	Zip	Telephone
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ADDITIONAL INTERESTS

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

POLICY AND PREMIUM INFORMATION

Form	Deductible	Billing Instructions	Public Protection	Dwelling Families	Struct. Const.	ML4 # of Apts. in Building:	Protection Devices Type	Sprinkler	
	All Peril	6 Mo 12 Mo To:					System: Yes No		
	Wind/Hail						Smoke		<input type="checkbox"/> Partial
							Burglar		<input type="checkbox"/> Full
							Fire		

INSURED PROPERTY LOCATION (City or Rural [sec-twp-rge] Legal)

Location		
Zip Code	County	# Acres

COVERAGES AND LIMITS OF LIABILITY

	A. Dwelling	B. Other Structures	C. Personal Property	D. Loss of Use	L. Personal Liability each occurrence	M. Medical Payments each person	Other Endrmnt	Total
Limit:	\$	\$	\$	\$	\$	\$		
Premium							\$	\$

ENDORSEMENTS

ACV Dwelling
 RC Contents
 HO Added Value Endorsement
 Home Computer Endorsement

Enter other endorsement(s), Name & Limit

GENERAL INFORMATION:

1. Additional Information:

	Date of Birth	Marital Status	Occupation	Social Security Number
Applicant	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Other Residents	_____	_____	_____	_____

2. How long has Applicant lived at present address? _____ Years. If less than 2 years, how long at previous address? _____ Years

3. Agent has known Applicant _____ years.

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

5. Applicant's previous carrier at this or previous address? _____ Policy Number: _____

6. Does applicant have other insurance with Farmers Mutual? Give Policy numbers: _____

7. **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 such as a summer cottage, hunting cabin, or dwelling rented to others?		
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 wood burning stoves?		
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: 2 photos of Dwelling (front & back) and other structures on premises must be attached.

Dwelling: Stories _____ Exterior Walls _____ Paint Cond. _____ Roof Type _____ Age _____
Heat Type _____ Age _____ Air Cond. _____ Age _____ Electric. Sys. Age _____ Plumbing Sys. Age _____
Foundation _____ Basement _____ % Finished _____ # of Rooms _____ Fireplace _____
Year Constructed _____ Square Feet _____ Market Value \$ _____

Other Structures: Type _____ Dim. _____ x _____ Sq. Feet _____ Replace Val. _____ Market Val. _____
Construction _____ Roof _____ Electric? _____ Heated? _____ Heating Type _____

REMARKS (Attach Additional Page if Needed):

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 maybe 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

Date

Agent Signature

Date