

PACKAGE HOMEOWNER'S APPLICATION

PH100 3/1/11

<p style="text-align: center;">Company 1 FARMERS MUTUAL INSURANCE COMPANY</p> <p style="text-align: center;">25380 Hwy 13 Manchester, MN 56007 (507) 826-3425</p>	<p style="text-align: center;">Requested Effective Date: _____, _____ 12:01 a.m. standard time at location described</p> <p><input type="checkbox"/> New <input type="checkbox"/> Renewal of: _____</p>	<p style="text-align: center;">Company 2 NORTH STAR MUTUAL INSURANCE COMPANY</p> <p style="text-align: center;">Box 48 Cottonwood MN 56229</p>
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<p>APPLICANT: _____</p> <p>Address: _____</p> <p>City/St/Zip: _____</p> <p>Phone: Home: _____ Bus: _____</p>	<p>AGENCY: _____ CODE: _____</p> <p>_____</p> <p>_____</p>
<p>Mortgagee Loan # _____</p> <p>_____</p> <p>_____</p>	<p>Mortgagee Loan # _____</p> <p>_____</p> <p>_____</p>

LOCATION OF RISK: 911 or Street Address if different then Mailing Address. _____

Loc. No.	No. of Dwigs	Sets of Bldg's	Acres	Quarter Section	Section	Twp	Range	Township	County	State	Interest (Owner-Tenant)
1											
2											

DEDUCTIBLE: \$500 Base \$250 \$1,000 Other _____ (Base will be used if no entry.)

PERILS: Broad Special Preferred (Do NOT Bind) (PHOTO'S REQUIRED OF ALL BUILDINGS)

NOTE: Household personal property is covered under Broad Form. Special Form is an option.

BILLING MODE: Annual Semi-Annual Quarterly Monthly **BILL PREMIUM TO:** Insured Mortgagee

COVERAGE AND LIMITS: NOTE: Applicant may determine amount of coverage applying to Coverage "B" and Coverage "C".

Year Built	"A" Residence	"B" Related Structures	"C" Household Personal Property	"D" Increase in Living Cost	"L" Personal Liability (Each Occurrence)	"M" Med Pay (Each Person)
LIMITS				Actual loss sustained in 12 months		

Any "B" Related Structures? Yes No **List size & description:** _____

Other Structures (PH48): _____ **Dimensions:** _____ X _____ **Coverage \$** _____

FIRE PROTECTION: Protected Unprotected _____ Miles from responding fire department

<p>SPECIAL RESTRICTIONS: _____</p> <p>Signature for Restriction: _____</p>	<p style="text-align: center;">LIABILITY UNDERWRITING</p> <p>Is there a Trampoline? „ Yes <input type="checkbox"/> No</p> <p>Is there a Swimming Pool on Premises? „ Yes <input type="checkbox"/> No Type _____</p> <p>Diving Board or Slide? „ Yes <input type="checkbox"/> No Is the Pool Fenced? „ Yes <input type="checkbox"/> No</p> <p>Does applicant own dogs? „ Yes <input type="checkbox"/> No #: _____ Breed(s): _____</p> <p>Has dog(s) ever bitten anyone? „ Yes <input type="checkbox"/> No</p> <p>Do all Steps and Deck Structures have adequate railings? „ Yes <input type="checkbox"/> No</p> <p>Horses? „ Yes <input type="checkbox"/> No #: _____</p> <p>Any Horse Boarding? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____</p> <p>Other Livestock? <input type="checkbox"/> Yes <input type="checkbox"/> No #: _____ Type: _____</p> <p>Number of Acres? _____ (over 40 need FPL)</p> <p>Condition of Fences? „ Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Any Custom Farming? „ Yes <input type="checkbox"/> No If Yes, explain: _____</p> <p>„ Non-Farm Credit (No Active Farming, Less than 5 Head of Livestock)</p>
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Number of Families: _____

Drivers License#: Applicant: _____
Spouse: _____

Social Security #: Applicant: _____
Spouse: _____

Occupation: Applicant: _____
Spouse: _____

PREVIOUS CARRIER: _____

Has the policy been refused or cancelled in the past 5 years? Explain: _____

List all losses in the past 5 years and any losses over \$10,000. _____

<p style="text-align: center;">Applicant's Initials: </p> <p>When was the risk last inspected by the agent? _____</p> <p>Other policies with either carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____</p>	<p style="text-align: center;">WIND COMPANY USE</p> <p>Underwriter: _____</p> <p>Data Entry: _____</p> <p>Checked by: _____</p>	<p style="text-align: center;">FIRE COMPANY USE</p> <p><input type="checkbox"/> Application has been reviewed and approved.</p> <p>GA's Initials : _____</p>
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PREMIUM SECTION

	Farmers Mutual	North Star	
BASIC DWELLING CHARGE:			
Coverage "B" and/or "C" Increase or Decrease Premium	+	+	SEE MANUAL ON CREDITS
Deductible Option - Surcharge/Credit \$100 - \$250 - \$1,000 - \$2,500	+/-	+/-	
<input type="checkbox"/> Yes <input type="checkbox"/> No Modified Replacement Cost (50%,60%,70%, 80%) (PH256) SURCHARGE 20%,15%, 10% 5%	+	+	
<input type="checkbox"/> Yes <input type="checkbox"/> No Central Station Alarm 10% Credit FM	-		
<input type="checkbox"/> Yes <input type="checkbox"/> No Updated Home Credit	-	-	
<input type="checkbox"/> Yes <input type="checkbox"/> No Other Scheduled Private Structures (PH48) (Attach Photos)	+	+	
<input type="checkbox"/> Yes <input type="checkbox"/> No Auto Companion Discount Policy #			
OPTIONAL COVERAGES: PROPERTY			
<input type="checkbox"/> Yes <input type="checkbox"/> No Special Form Personal Property			
<input type="checkbox"/> Yes <input type="checkbox"/> No Replacement Cost - Household Personal Property (PH55)	+	+	
<input type="checkbox"/> Yes <input type="checkbox"/> No Add'l Refrigerated Foods (PH155) \$250 Included Total Limit:	+		
<input type="checkbox"/> Yes <input type="checkbox"/> No Water or Sewer Back Up (PH88) Total Limit: :	+		
<input type="checkbox"/> Yes <input type="checkbox"/> No Other: List:	+	+	
Faribault County increase Wind Premium 12%	Wind Subtotal	=	X .12
LIABILITY		+	12% Loc.
<input type="checkbox"/> Yes <input type="checkbox"/> No Additional Insured - Named Premises (PH41)		+	
<input type="checkbox"/> Yes <input type="checkbox"/> No Additional Residence Premises Rented To Others (PH70)		+	
No. of Families: _____ Location: _____		+	
<input type="checkbox"/> Yes <input type="checkbox"/> No Additional Residence Maintained			
<input type="checkbox"/> Yes <input type="checkbox"/> No Business Activities: (PH71) Type: _____ Receipts: \$ _____		+	
<input type="checkbox"/> Yes <input type="checkbox"/> No Farm Liability (FCPL Application must be completed)		+	
<input type="checkbox"/> Yes <input type="checkbox"/> No Office, Professional, Private School or Studio Use (PH42)		+	
Type: _____ Receipts: \$ _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No Personal Injury (PH46)		+	
<input type="checkbox"/> Yes <input type="checkbox"/> No Rec. Motor Vehicle (See page 3 - Information must be completed) (PH164)		+	
<input type="checkbox"/> Yes <input type="checkbox"/> No Watercraft Liability (See Page 3 - Information must be completed) (PH75)		+	
<input type="checkbox"/> Yes <input type="checkbox"/> No Other: List:		+	
<input type="checkbox"/> Yes <input type="checkbox"/> No INLAND MARINE (See Page 3 - Information must be completed)		+	
Wood Heating Surcharge (N/C if Masonry fireplace w/lined masonry chimney)	+		SEE MANUAL FOR DETAILS ON I.R.P.M.'S
Satellite System Surcharge (N/C if specifically insured)	+		
SUB TOTAL 4 + ALL OTHER OPTIONAL COVERAGES :	=	=	
I.R.P.M. CREDIT/CHARGE TIMES LINE ABOVE :	(%)		Combined
TOTAL ANNUAL PREMIUM :	=	=	
SEMI-ANNUAL = FM \$10 + NS \$4 / QUARTERLY = FM \$20 + NS \$8			
TOTAL SEMI-ANNUAL/QUARTERLY PREMIUM :	=	=	

MUST BE READ AND SIGNED BY APPLICANT AND AGENT

The signatures below certify that:

1. The answers to questions on this application are true, correct and complete representations.
2. Unless indicated on this application, the applicant agrees that: (a) the described dwelling is not seasonal; (b) no business pursuits are conducted on the described premises; (c) the described premises is the only premises where the named insured or spouse maintains a residence other than business or farm properties; and (d) the insured has no full-time residence employee(s).
3. The applicant agrees inflation guard will be a part of the policy and that property limits may be increased annually to keep pace with construction costs.
4. As the applicant for this insurance, I grant permission to the underwriting departments of Farmers Mutual & North Star Mutual to obtain claims information from previous insurer(s) and/or reports from investigative consumer organizations as to my credit, character, and/or condition of the property represented on this application. I understand that I have the right to make a request in writing as to the nature of such information that may be developed and that I have the right to request that any such information be corrected by providing documented support for such correction. If my request is denied, I understand that I have the right to appeal to the Minnesota Commissioner of Commerce, 85 7th Place East, Suite 500, St. Paul, MN 55101-2198. I understand that this temporary authorization will expire as soon as one of the following occurs: (a) The above named company makes the underwriting decision(s) in question, or (b) one year elapses after the date I sign this authorization. If this application for insurance is accepted, I grant permission to Farmers Mutual & North Star Mutual to disclose information to the Mortgagee(s) or Loss Payee(s) that may be designated in this application or its (their) successor(s). (Reports prepared by insurance-support organizations may be retained by them and disclosed to others.)
5. **INSURANCE FRAUD IS A CRIME.** I understand that a person who submits an application or claim with intent to defraud an insurer is guilty of a crime. We, the undersigned, have read this application and the statements are correct.

Agent: _____ Applicant: _____ Date: _____

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SCHEDULE OF PROPERTY FOR PERSONAL ARTICLES COVERAGE

(Attach recent appraisal or bill of sale on articles with values of \$1,500 or more)(For computers, indicate equip or software and values of each)

Full Description Including Serial Number	Date Purchased	Ded.	Coverage	Rate	Premium

SCHEDULE OF PROPERTY FOR WATERCRAFT COVERAGE

Deductible: _____ **Non-Depreciation of Repairs** Yes No (Maximum 10 Yrs old)

Property	Year	HP / MPH	Length	Make	Serial Number	Coverage	Rate	Premium
Boat								
Boat								
Motor								
Motor								
Accessories								
Trailer								

Is the Watercraft equipment used for water skiing or racing? _____ Explain: _____
 Are the recreational vehicles ever entered in any racing events? _____ Explain: _____
 Was any driver license suspended or revoked in the last 3 years? _____ Explain: _____

RECREATIONAL VEHICLE COVERAGE-SNOWMOBILES, ATV'S, GOLF CARTS & TRAILERS

Deductible: _____ **Non-Depreciation of Repairs:** Yes No (Max. 10 Yrs old) **Collision:** Yes No

Property	Year	HP or CC's	Make	Serial Number	Coverage	Rate	Premium

Names and Drivers License # of All Operators	Date of Birth	Violations	% of Use

DWELLING UNDERWRITING - Use MS/B RCT software and attach the printout for Replacement Cost Estimate.

Overall Condition of Dwelling: Excellent Good Average Below Average

- Heating: Age: _____ Type: _____ Condition: _____ Central Heat: Yes No
- Wiring : Age: _____ Type: _____ Condition: _____ Amps: _____
- Roof: Age: _____ Type: _____ Condition: _____
- Plumbing: Age: _____ Type: _____ Condition: _____
- Siding: Age: _____ Type: _____ Condition: _____

Is this a Pre-Manufactured home? Yes No

Does insured use solid fuel heat? Yes No If Yes, fill out Page 4

OTHER STRUCTURES UNDERWRITING

All Structures, insured or not, must be listed. Include Dimensions and Photos.

A CDO may be written if there are no more than 2 appurtenant structures (insured or not) on premises. One is covered under Coverage B, second must be listed on PH48. Buildings over 30x40 need prior underwriting approval.

- Building Type: _____ Dimensions: _____ x _____ Coverage B PH48
 - Heating: Age: _____ Type: _____ Condition: _____ Central Heat: Yes No
 - Wiring : Age: _____ Type: _____ Condition: _____ Amps: _____
 - Roof: Age: _____ Type: _____ Condition: _____
 - Siding: Age: _____ Type: _____ Condition: _____
- Building Type: _____ Dimensions: _____ x _____ Coverage B PH48
 - Heating: Age: _____ Type: _____ Condition: _____ Central Heat: Yes No
 - Wiring : Age: _____ Type: _____ Condition: _____ Amps: _____
 - Roof: Age: _____ Type: _____ Condition: _____
 - Siding: Age: _____ Type: _____ Condition: _____

SPECIAL RESTRICTIONS: CF-1741 Actual Cash Value Shingles CF-1742 Actual Cash Value Exterior Surfaces Other:

Applicant's Initials for restrictions:

FARMERS MUTUAL I.R.P.M. CREDIT GUIDELINES

The shaded areas in a column must apply to the insured dwelling in order to receive the credit.

ELIGIBILITY GUIDELINES	5 Percent Credit	10 Percent Credit	15 Percent Credit
Excellent Maintenance & Housekeeping	✓	✓	✓
Claim Free for the last 3 Years	✓	✓	✓
* Maximum Age of Furnace & Electrical		Max. 30 Years old	Max. 20 Years old
Percent of Replacement Cost		Min. 90% of R.C.	Min. 100% of R.C.
No Wood Burning (Masonry Fireplace, OK)			✓

* The dwelling must have a 100 AMP service with circuit breakers.

Solid Fuel Burning Appliance Checklist

Does applicant have any wood heating appliances? Yes No If Yes, is it a Masonry Fireplace Yes No

All wood heating appliances have to be inspected by Farmers Mutual inspector for proper installation.

GENERAL (Attach Photo)

- Unit is a: Circulating Stove Radiant Stove Fireplace Insert Free-Standing Fireplace Barrel Stove
 Wood/Oil Combination Wood/Gas Combination Corn Other: _____
- Manufacturer: _____ Age: _____ Is Unit UL Approved? Yes No
- InStalled by: Contractor Insured/Applicant Other: _____
- Inspected by: _____ Date Inspected: _____
- Use: Primary Heat Source Supplemental Heat Cooking Other: _____
- Is unit ever operated while unattended? Yes No If Yes, explain: _____
- Location of unit: _____

CLEARANCES/PROTECTION

- Distance from stove pipe to nearest wall or ceiling is _____ inches.
- Distance from unit to nearest wall or furnishing is _____ inches.
- Is wall and/or ceiling protection provided? Yes No If yes, describe: _____
- Distance to bottom of unit to protective floor covering is _____ inches.
- Protective floor covering extends _____ inches beyond front of unit.
- Protective floor covering extends _____ inches beyond rear of unit.
- Protective floor covering extends _____ inches beyond eachside of unit.

CHIMNEY CONNECTOR

- Stove Pipe: Length _____ Diameter _____ inches Number of Elbows _____ Gauge of Metal _____
- Does Stove Pipe reduce in size from stove pipe to chimney? Yes No
- Does Stove Pipe include any heat saving devices? Yes No If yes, explain _____
- Does stove pipe pass through any wall or ceiling before entering chimney? Yes No If yes, describe wall pass-through: _____
- Stove pipe enters chimney through : Clay Thimble Double Wall Insulated Pipe Other _____
- How are stove pipe sections joined or fastened? _____
- Does horizontal stove pipe rise at least 1/4 inch per foot towards the chimney? Yes No
- If a fireplace insert: Describe connection to the chimney flue: _____
Has existing chimney damper been blocked open or removed before installing the insert? Yes No

CHIMNEY

- Masonary - type of flue liner: _____ Other _____
 Factory built "all fuel" - Manufacturer/Model: _____ UL approved? Yes No
- Does chimney flue service any other appliance? Yes No If yes, explain: _____
- Distance chimney extends from top of roof: _____

Limitations on Certain Property - Coverage "C"

The following limitations apply to all programs: Preferred, Standard, Tenants and Seasonal Homes.

- | | |
|--|--|
| 1. \$ 200 - Money, etc. | 8. \$2,000 - Jewelry, watches and furs (theft only) |
| 2. \$2,000 - Securities, etc. | 9. \$2,000 - Silverware, goldware and pewter (theft only) |
| 3. \$2,000 - Watercraft, etc. | 10. \$2,000 - Guns and accessories (theft only) |
| 4. \$5,000 - Motorized vehicles to service insured prem. | 11. \$2,000 - Antiques and collectibles |
| 5. \$1,000 - Cemetery markers | 12. \$2,000 - model aircraft and watercraft |
| 6. \$2,000 - Trailers | 13. \$2,000 - ice fishing houses; horse tack, saddles, bridals |
| 7. \$1,000 - Computer and software | 14. \$5,000 - tools, including hobby tools, equip & supplies |

Business Property: \$2,500 -- On Premises; \$250 -- Away from Premises