



PACKAGE HOMEOWNER'S APPLICATION (HMP)

PH100 1-00

<p style="text-align: center;"><u>Company 1</u></p> <p style="text-align: center;">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: _____, 20____ <small>12:01 a.m. standard time at location described</small></p> <p><input type="checkbox"/> New <input type="checkbox"/> Renewal of: _____</p>	<p style="text-align: center;"><u>Company 2</u></p> <p style="text-align: center;">RAM MUTUAL INSURANCE COMPANY</p>  <p style="text-align: center;">PO Box 308 Esko, MN 55733 218/879-3321</p>
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APPLICANT: _____ Address: _____ City/St/Zip: _____ Phone: Home: _____ Bus: _____ SS# _____	AGENCY: _____ CODE: _____
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Mortgagee Loan # _____ _____ _____	Mortgagee Loan # _____ _____ _____
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DESCRIPTION OF RURAL PREMISES (If different from above, list all property owned, leased, rented or maintained.)

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

DEDUCTIBLE: \$250 \$500 (Standard) \$1,000 \$2,500 (\$500 will be used if no entry.)

POLICY TYPE: Standard Preferred (Do NOT Bind)

PERILS: PRIMARY RESIDENCE: „ Broad Special (PHOTO's REQUIRED OF ALL BUILDINGS)

SEASONAL RESIDENCE: „ Broad Special (Subject to company approval)

NOTE: The perils group selection for the dwelling is automatically applied to household personal property.

BILLING: 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" Personal Property	"D" Increased 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

SPECIAL RESTRICTIONS: _____

Applicants Signature: _____

Number of Families: ____; is there a trampoline on premises? Yes No

Is there a swimming pool on premises? Yes No (provide a picture of pool)

Diving board? Yes No

Is there a fence around the pool? Yes No

Does applicant own dog(s)? Yes No How many? _____

If yes, what breed(s)? _____

Has dog(s) ever bitten anyone? Yes No

Condition of dwelling: Excellent Good Fair Below Average

PREVIOUS CARRIER: _____

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

List **all** losses, at **this** or **any other** location, in the past 5 years and any losses over \$10,000. If no losses, check here: _____

Initials of Insured

OTHER EXPOSURES: Farming Day Care

Own Horses: # _____

Exotic Animals: _____

Other Livestock - List: _____

Business Pursuits: _____

DWELLING UNDERWRITING: (Attach Photo(s)) Year Built: _____

Heating: _____ Type: ____ Central: Yes No

Wiring: Age: ____ Circuit Breakers Yes No Amps: _____

Plumbing: Age: ____ Condition: _____

Roof: Age: ____ Type: ____ Condition: _____

OTHER STRUCTURES UNDERWRITING: (Attach Photo(s))

Heating: Age: ____ Type: ____ Condition: _____

Roof: Age: ____ Type: ____ Condition: _____

WIND COMPANY USE

Underwriter: _____

Data Entry: _____

Checked by: _____

FIRE COMPANY USE

„ Application has been reviewed and approved

GA's Initials: _____

When was the risk last inspected by the agent? _____ Other policies with either carrier? Yes No # _____

PREMIUM SECTION (ROUND TO NEAREST DOLLAR PER LINE ITEM)

	Farmers Mutual	RAM	
BASIC DWELLING CHARGE:			
Coverage "B" and/or "C" Increase or Decrease Premium	+	+	
SUBTOTAL 1:	=	=	
Deductible Option - Surcharge/Credit \$250 - \$500 - \$1,000 - \$2,500 +15% 0% -10% -15% of subtotal 1	+/-	+/-	
SUBTOTAL 2:	=	=	
<input type="checkbox"/> Yes <input type="checkbox"/> No Modified Replacement Cost (50%,60%,70%) (PH256) SURCHARGE 20%,10%, 5% of subtotal 2	+	+	
SUBTOTAL 3:	=	=	
<input type="checkbox"/> Yes <input type="checkbox"/> No Central Station Alarm 5% Credit FM (Times Subtotal 3)	-		
<input type="checkbox"/> Yes <input type="checkbox"/> No Updated Home Credit FM (Times Subtotal 3)	-		
<input type="checkbox"/> Yes <input type="checkbox"/> No Other Scheduled Private Structures (PH48) (Attach Photos)	+	+	
OPTIONAL COVERAGES: 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)(\$10/\$1,000) Total Limit:	+		
<input type="checkbox"/> Yes <input type="checkbox"/> No Other: List:	+		
LIABILITY		Wind Subtotal-----	
Faribault County increase Wind Premium 15% - Dodge 12% credit			
<input type="checkbox"/> Yes <input type="checkbox"/> No Increase / Decrease Liability		+	
<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 Business Activities: (PH71) Type: _____ Receipts: \$		+	
<input type="checkbox"/> Yes <input type="checkbox"/> No Farm Liability (See Page 4 - Information 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 Waterbed Liability (PH209)		+	
<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)		+	
SUBTOTAL 5:.....			
<input type="checkbox"/> Yes <input type="checkbox"/> No Long Term Credit 5% Credit RAM } <input type="checkbox"/> Yes <input type="checkbox"/> No New Roof Credit 4% Credit RAM } (Use total of eligible credits times subtotal 5)		-	
Wood Heating Surcharge (N/C if Masonry fireplace w/lined masonry chimney)	+		
Satellite System Surcharge (N/C if specifically insured)	+		
SUB TOTAL :	=	=	
I.R.P.M. CREDIT/CHARGE TIMES LINE ABOVE : (%)			Combined
SUBTOTAL ANNUAL PREMIUM :	=	=	
SEMI-ANNUAL = FM \$10 & RAM \$6 / QUARTERLY = FM \$20 & RAM \$12:			
TOTAL SEMI-ANNUAL/QUARTERLY PREMIUM :	=	=	

MUST BE READ AND SIGNED BY APPLICANT AND AGENT

The signatures below certify that:

- the answers to questions on this application are true, correct and complete representations.
- 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).
- INSURANCE FRAUD IS A CRIME.** A person submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Minnesota Insurance Fair Information Reporting Act

In making this application for insurance, you give us the right to obtain an investigative consumer report and/or credit report that may be prepared whereby information is obtained through various information sources. This report may include information as to your character, general reputation, personal characteristics and mode of living and may, in certain circumstances, be disclosed to third parties. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigative report. You may also request the information to be corrected, amended or deleted. Your authorization for us to obtain this information is valid for one year starting with the date of your signature.

We, the undersigned, have read this application and the statements are correct.

Agent: _____ Applicant: _____ Date: _____

SCHEDULE OF PROPERTY FOR PERSONAL ARTICLES COVERAGE

(Attach recent appraisal or bill of sale for jewelry, furs or fine Arts.)

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

SCHEDULE OF PROPERTY FOR WATERCRAFT COVERAGE

Deductible: \$100 \$250 \$500 Other _____ **Non-Depreciation of Repairs** Yes No

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

SCHEDULE OF PROPERTY FOR RECREATIONAL MOTOR VEHICLE COVERAGE

Deductible: _____ **Non-Depreciation of Repairs:** Yes No **Collision:** Yes No

Property	Year	HP or CC's	Make	Serial Number	Cover age	Rate	Premium
						Total	
Names and Drivers License # If not listed on Page 1				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

1. Heating: Age: _____ Type: _____ Condition: _____ Central Heat: Yes No

2. Wiring : Age: _____ Type: _____ Condition: _____ Amps: _____

3. Roof: Age: _____ Type: _____ Condition: _____

4. Plumbing: Age: _____ Type: _____ Condition: _____ 5. 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.

1. Building Type: _____ Dimensions: _____ x _____ Coverage B PH48

a. Heating: Age: _____ Type: _____ Condition: _____ Central Heat: Yes No

b. Wiring : Age: _____ Type: _____ Condition: _____ Amps: _____

c. Roof: Age: _____ Type: _____ Condition: _____ e. Siding: Age: _____ Type: _____ Condition: _____

2. Building Type: _____ Dimensions: _____ x _____ Coverage B PH48

a. Heating: Age: _____ Type: _____ Condition: _____ Central Heat: Yes No

b. Wiring : Age: _____ Type: _____ Condition: _____ Amps: _____

c. Roof: Age: _____ Type: _____ Condition: _____ e. Siding: Age: _____ Type: _____ Condition: _____

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