

Condition of Premises and Hazards

Do any of the following conditions exist at any location?

- a. Cracks, holes or uneven **Sidewalks? (if Yes, attach photo)** _____
- b. Broken or defective **Steps, Handrails or Porches? (if Yes, attach photo).** _____
- c. Loose or poorly anchored **Gutters and Overhangs? (if Yes, attach photo)** _____
- d. Excessive accumulation of **Rubbish** including **Refrigerators? (if Yes, attach photo)**
**Please provide photograph of each Yes answer, above, with this application.*
- e. **Smoke Detectors** missing or not operating correctly? _____
- f. Is there an unprotected pool, pool with a diving board over 4' or a pool with a slide? _____
- g. Dog(s) on premises? _____
- h. Any other **Hazardous** conditions on premises? _____
- i. Is there currently a contract in effect or are you planning to contract for any new construction, structural alteration, addition or remodeling with contract cost of \$1 00,000 or greater? _____
- j. Does the applicant engage in any type of farming or ranching operation? _____
- k. Does the applicant operate any type of incidental business on the premises? _____
 Type of Business _____ Public Access Yes No
- l. Does the applicant operate a Day Care facility on the premises _____

Yes		No Eligible
<input type="checkbox"/> 5	Submit	<input type="checkbox"/>
<input type="checkbox"/> 5	Submit	<input type="checkbox"/>
<input type="checkbox"/> 5	Submit	<input type="checkbox"/>
<input type="checkbox"/> 5	Submit	<input type="checkbox"/>
<input type="checkbox"/> 5	Submit	<input type="checkbox"/>
<input type="checkbox"/> 5	Elaborate	<input type="checkbox"/>
<input type="checkbox"/> 5	Elaborate	<input type="checkbox"/>
<input type="checkbox"/> 5	Elaborate	<input type="checkbox"/>
<input type="checkbox"/> 5	Submit	<input type="checkbox"/>
<input type="checkbox"/> 5	App required	<input type="checkbox"/>
<input type="checkbox"/> 5	Specify	<input type="checkbox"/>
<input type="checkbox"/> 5	App required	<input type="checkbox"/>

Elaborate on All Yes Answers

Loss History

Date	Type	Description	Amount Paid

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker. _____

Address. _____

Mail Completed Application
Through Local Agent or
Broker to:

- (a) I hereby apply for a Personal Liability Policy as shown above. I agree that completion of this application does not bind the Company.
- (b) I certify that this application is accurate and complete and shall form the basis of the contract should coverage be issued.
- (c) I have discussed this Personal Liability Program with my insurance representative and understand its limits, coverages and restrictions.

Signature of Applicant

Date

Signature of Applicant

Date

Agent/Broker Address

