



HOMEOWNERS APPLICATION MICHIGAN

Agency Information

Agency **SMITH AND DE ROSE INSURANCE AG** Code **01-0954-00** Producer Policy Number

Policy Term Information

Term: ☒ Annual Effective Date: **05/22/2015** Policy is: ☒ New ☐ Coverage bound
☐ Semi-Annual ☐ Rewrite of ☐ Submitting unbound for review

Applicant / Location Information

Applicant(s) **MICHAEL BISHOP** Customer ID

CELESTE BISHOP

Mailing Address **8607 CARLSBAD LN**

County **EATON** Twp.

City **LANSING** State **MI** Zip **48917-5807** Territory

Property location if other than mailing address² (☐ Legal description attached) Street:

City State Zip County Twp.

Previous address if less than 3 years at insured location:

Applicant	Occupation	Employer	Years There	Oldest Applicant's Date of Birth
MICHAEL BISHOP	<i>Operations Mgr.</i>	<i>Mandatory Poster Agency</i>	<i>15+</i>	<i>01/25/65</i>
CELESTE BISHOP	<i>Data Entry Mgr.</i>	<i>Mandatory Poster Agency</i>		

Group # **514** How long have you known the applicant? Have you seen this dwelling? ☐ Yes ☐ No How long ago?

Other policies written in the Auto-Owners Group:
Type: **Auto Personal** Number: **Pending** Marital Status: **Married** Insurance Score: **X803** DOB: *01/25/65*
Life **Pending** Confirmation # **61345803** S.S.# **XXX-XX-8095**

List All Losses in the Past 5 Years ☒ None

Date	Amount	Weather Related?	Controllable?	Description
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Billing Information

Add to Current Billing Account: ☐ Yes ☒ No If Yes, Billing Account Number:

Payment Plan: ☐ Agency Bill ☐ Semi-Annual Initial Payment: \$ **793.22**
☒ Escrow Pay ☒ Full Pay ☐ Monthly
☐ At Renewal ☐ Three Pay ☐ Quarterly Mail Insured's Copy of Policy to Agency? ☐ Yes ☒ No

Method Of Payment: ☐ Check ☒ Cash ☐ Credit Card ☐ Policyholder EFT ☐ Agency EFT (Sweep)

Alternate Billing Address:

Policy Coverage Information

Form ☒ 3 ☐ 4 ☐ 6 ☐ Repair Cost

A. Dwelling	B. Other Structures	C. Personal Property	D. Add'l Living Expense	E. Personal Liability	F. Medical Payments
\$ 357,000	<input checked="" type="checkbox"/> Automatic Limit <input type="checkbox"/> See structures scheduled on page 2.	<input checked="" type="checkbox"/> Automatic Limit or \$ 178,500	<input checked="" type="checkbox"/> Automatic Limit or \$ 71,400	\$ 300,000 <input type="checkbox"/> Assumed	<input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Assumed

If E and F are assumed under another policy, provide the policy number:

Deductible \$ **1,000** All Perils (Unless specific perils indicated) \$ Wind/Hail

Rating Information

Construction: ☒ Frame ☐ Masonry Veneer ☐ Fire Resistive
☐ Masonry ☐ Log ☐ Cement Fiber Board
☐ Other: Original Year Built **2008** Total Living Area: **2,300** Date Purchased: Current Market Value: **\$357,000** Replacement Cost per estimate: **\$356,360**
Loss Settlement ²⁰ ☐ Repair Cost ☐ Replacement Cost

Basement: Number of Stories: Number of Bathrooms (Full/Half): /

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Incidental Farm Coverage: <input type="checkbox"/> Liability <input type="checkbox"/> Property <input type="checkbox"/> Farm Outbuildings Limit: \$ _____ <input type="checkbox"/> Farm Personal Property: \$ _____							
Total # of Acres Farmed	# of Acres Farmed by Insured	# of Acres Farmed by Others	Gross Farm Income	Full time Farm Employees	# of Large Farm Animals	# of Medium Farm Animals	# of Poultry
			\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Incidental Business Description			% of area occupied		Medical Payments <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> RV Liability Indicate number, type and cc's:							
<input type="checkbox"/> Watercraft Liability: (Attach Boat Application for Physical Damage Coverage.) (See manual for description of boats automatically covered.) Boat Type (circle one): Length HP MPH Year Boat and Motor Make/Model Serial #							
IB IO OB SB WJ IB IO OB SB WJ IB = Inboard IO = Inboard/Outdrive OB = Outboard SB = Sailboat WJ = Waterjet Propelled							
Other Liability Coverage Options <input type="checkbox"/>							
Underwriting Information (Explain all "Yes" answers below)							
1. Is the dwelling ever rented? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide whether the rental is daily, weekly or monthly and how frequently the rental occurs per year.				4. Has any company canceled, refused to write or declined renewal for this applicant? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ⁷			
2. Any business, day care or farming on premises? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes a. If business, provide description of operation. If customers come to the premises, what percentage of the square footage of the dwelling is involved? b. If day care, indicate how many persons are cared for and whether child or adult. c. If farming, indicate number and type of livestock, total acreage farmed by an insured, total acreage farmed by others and gross income.				5. Has applicant had insurance with any Auto-Owners Group company within the past 5 years? If yes, provide policy number below. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 6. Provide the company name and policy expiration date for the most recent carrier at this or any other address below. If you did not have a previous insurer or there is a lapse in coverage, please explain why.			
3. Any flooding/brush/landslide or unusual hazards? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				7. Has this applicant filed personal bankruptcy, had repossessions, court judgments or substantially past due mortgage, utility or property tax payments within the past 5 years? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ¹			
Additional Underwriting Information (Explain all "Yes" answers below)							
8. Has the applicant or insured been convicted of fraud, or intent to commit fraud, involving an insurance claim or an application for insurance in the last 5 years? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				12. Any uncorrected fire code violations? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ¹			
9. Have the applicant's or insured's real property taxes, related to the dwelling insured, been delinquent for 2 or more years? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				13. Is building undergoing renovation or reconstruction? If yes, describe extent and whether occupied. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
10. Any animals kept on premises? If yes, indicate number, specify breeds (not mutt), bite history and use if other than companionship. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				14. Is house for sale? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ¹			
11. Has any applicant been convicted of arson? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ¹				15. Any outbuildings? If yes, describe type, use and condition of all outbuildings. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
				16. Difficult access by fire and police departments? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
				17. Is property located on an island without bridge access? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Explanation(s):							
Previous Carrier Information							
Name: Frankenmuth Mut Ins Policy Number: HP 1700544 Notes:				Code: 0000000501 Expiration Date: 05/22/2015			
Secured Interested Parties							
<input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Holder <input type="checkbox"/> Contractor <input type="checkbox"/> Additional Insured (describe interest: _____) Loan # 407175454 Name Fifth Third Bancorp Address PO Box 598 City Amelia State OH Zip Code 45102				<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Holder <input type="checkbox"/> Contractor <input type="checkbox"/> Additional Insured (describe interest: _____) Loan # _____ Name _____ Address _____ City _____ State _____ Zip Code _____			

SCHEDULED PROPERTY^{11 12} Note: Submit separate listing if additional scheduled items

List property to be specifically insured, such as cameras, fine arts, furs, sports equipment, jewelry, musical instruments, silverware, stamp and coin collections or personal computers. Refer to the Personal Inland Marine manual section for appraisal requirements.

Item	Description	Amount	Class	Deductible	Breakage?	Rate
1.						
2.						
3.						

Are cameras used professionally? ☐ No ☐ YesIs payment received for playing scheduled musical instruments? ☐ No ☐ Yes☐ Additional listing attached☐ Boat Application attached☐ RV Protection Application attached**APPLICANT'S STATEMENT****INSURANCE FRAUD / IMPORTANT NOTICE**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: In making this application for insurance, it is understood that as part of our underwriting procedure, we may develop information using one or more of the following: physical inspections of the premises, consumer reports (where allowed), motor vehicle reports and independently maintained records of previously filed claims. You will be notified whenever information from a consumer reporting agency results in an adverse underwriting decision.

In connection with this application for insurance, we may review your credit report or obtain or use a credit based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. Extraordinary life circumstances occur, which may adversely affect your insurance score. If you believe such an event has occurred in your life, you may request an exemption to our use of your insurance score, which if accepted, will result in your policy being placed in our Neutral Insurance Score tier.

The facts stated on this application are true to the best of my knowledge and are to be relied upon by the Company for the purpose of issuing the insurance that I have requested, and any renewals of this insurance. I understand that if I am not eligible for a specific Company, program, or rating tier for which I have applied, my policy may be issued or renewed in a different program or rating tier or by another Company within the Auto-Owners Insurance Group: Auto-Owners Insurance Company, Home-Owners Insurance Company, Owners Insurance Company, Property-Owners Insurance Company and Southern-Owners Insurance Company (all companies may not be licensed in all states). I also understand that the rates and coverages may be different among the Auto-Owners Insurance Group Companies writing in this state. I have discussed my specific insurance needs with my agent in order to determine the most appropriate policy for my situation.

X



Applicant's Signature

X

5/22/15

Date

SIGNATURE / PROXY**PROXY DESIGNATION:**

I designate J.F. Harrold, J.S. Tagsold, and K.M. Noiro, and each of them, my attorneys and proxies, with power of substitution and revocation to each, to vote as my proxy at all meetings of the Company, and at any and all adjournments thereof. The powers hereunder shall be exercised by a majority of said attorneys and proxies so present, but if only one is so present, then that one shall have full power to act.

X

Applicant's Signature

X

Date

AGENT'S SIGNATURE

Date

Remember . . . Disability Insurance and Life Insurance are available to protect financial obligations.**Remarks (Indicate additional information.)****Do not mail copy of policy to agency.****Location #1 Premium: \$843.83****The Total Policy Premium is: \$843.83****The Total Policy Paid in Full Premium is: \$793.22**

1. Discuss with Underwriting before binding coverage.
2. Indicate driving directions if property address is other than street and house number.
4. Must have a fire extinguisher, deadbolt locks, and a smoke detector to qualify for this discount.
5. If yes, do not bind unless a survey and photo of the appliance are attached.
7. Please provide a copy of the cancellation or non renewal notice.
11. To schedule boats, attach Boat Application.
12. To schedule recreational vehicles, attach Recreational Vehicle Protection Application.
20. See manual for eligibility requirements.