



HOMEOWNERS APPLICATION

MICHIGAN

Agency Information

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

Policy Term Information

Term: Annual Semi-Annual | Effective Date: **05/22/2015** | Policy is: New Rewrite of | Coverage bound 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	Operations Mgr.	Mandatory Poster Agency	15+	01/25/65
CELESTE BISHOP	Data Entry Mgr.	Mandatory Poster Agency		

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: | Marital Status: | Insurance Score: **X803** | DOB: **01/25/65**

Type: Auto Personal	Number: Pending	Marital Status: Married	Insurance Score: X803	DOB: 01/25/65
			Confirmation # 61345803	S.S.# XXX-XX-8095
Life		Pending		

List All Losses in the Past 5 Years

None

Date	Amount	Weather Related?	Controllable?	Description
		Yes	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 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6	<input type="checkbox"/> Repair Cost				
A. Dwelling \$ 357,000	B. Other Structures <input checked="" type="checkbox"/> Automatic Limit <input type="checkbox"/> See structures scheduled on page 2.	C. Personal Property <input checked="" type="checkbox"/> Automatic Limit or \$ 178,500	D. Add'l Living Expense <input checked="" type="checkbox"/> Automatic Limit or \$ 71,400	E. Personal Liability \$ 300,000 <input type="checkbox"/> Assumed	F. Medical Payments <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
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Construction: <input checked="" type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Cement Fiber Board <input type="checkbox"/> Other: _____	Original Year Built 2008	Total Living Area: 2,300	Date Purchased: _____ Current Market Value: \$357,000 Loss Settlement ²⁰ <input type="checkbox"/> Repair Cost <input type="checkbox"/> Replacement Cost	Replacement Cost per estimate: \$356,360
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Basement:	Number of Stories:	Number of Bathrooms (Full/Half): /
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<input type="checkbox"/> Twinhse	Occupancy: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Seasonal <input type="checkbox"/> Secondary <input type="checkbox"/> New Purchase Purchase Price: _____ <input type="checkbox"/> Vacant/Unoccupied ¹ Reason: _____	Expected Occupancy Date: _____	# Families: 1
Inside city? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire Protection District: DELTA TS	Within 1,000 ft of hydrant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Units/Fire division: _____
<input checked="" type="checkbox"/> Protective Devices Discount ⁴		Miles to F.D.: 2	
Central Station Alarm: <input type="checkbox"/> Fire <input type="checkbox"/> Burglary	Wood, or other solid fuel heat other than corn/pellet or built-in fireplace? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ⁵ If yes, located in <input type="checkbox"/> Home <input type="checkbox"/> Other Structure	Corn/pellet solid fuel heat appliance? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ¹	Fireplace? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Both
Water Shut-Off Device? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, is it connected to a Central Station Alarm? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Can dwelling be seen from 2 other occupied dwellings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If home is over 30 years old, indicate year each utility has been updated.	
Condition of buildings and grounds? <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair ¹ <input type="checkbox"/> Poor ¹	Foundation <input type="checkbox"/> Open ¹ <input checked="" type="checkbox"/> Continuous	Electrical	Plumbing
Is there a swimming pool? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, is it in-ground? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No ¹	
Roofing material <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Tile <input type="checkbox"/> Other _____	Is material: <input type="checkbox"/> Hail Resistive <input checked="" type="checkbox"/> Non-Hail Resistive		
Roof Year: 2008			
Roof Actual Cash Value if Damaged by Wind or Hail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Cosmetic Damage Exclusion: <input type="checkbox"/> Dwelling and Other Structures <input type="checkbox"/> Farm Outbuilding			
Other Adjustments: <input type="checkbox"/>			
Coverage Endorsement Options - Property			
<input type="checkbox"/> Earthquake Deductible <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15%	<input type="checkbox"/> Identity Theft Expense Coverage		
<input checked="" type="checkbox"/> Guaranteed Home Replacement Cost	<input type="checkbox"/> Ordinance or Law Coverage <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 100%		
<input checked="" type="checkbox"/> Homeowners / Condo-Owners / Renters Plus	<input type="checkbox"/> Personal Property Replacement Cost		
<input type="checkbox"/> Increased Cost	<input type="checkbox"/> Special Personal Property Coverage		
<input type="checkbox"/> Functional Replacement Cost	<input checked="" type="checkbox"/> Limit for Fungi, Wet Rot, Dry Rot and Bacteria <input type="checkbox"/> 15% <input type="checkbox"/> 20%		
<input checked="" type="checkbox"/> Water Backup of Sewers or Drains Limit: ¹ \$ 5,000	<input type="checkbox"/> Matching of Undamaged Siding or Roofing		
Other Structures Owner Occupied: Increase Description	Square Feet		Construction
<input type="checkbox"/> On-Premises <input type="checkbox"/> Off			
<input type="checkbox"/> On-Premises <input type="checkbox"/> Off			
Structures Rented to Others Increase Description	Square Feet # Families		Construction
<input type="checkbox"/> Dwelling Under Construction Start Date: _____	<input type="checkbox"/> Contractor's Interest (Include on Secured Interest Schedule)		Med Pay <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Residence Premises:			
Increased Limits	Increase	Increased Limits	Increase
<input type="checkbox"/> Business Property (On-Premises)	\$ _____	<input type="checkbox"/> Theft of Jewelry/Watches/Furs	\$ _____
<input checked="" type="checkbox"/> Loss Assessment	\$ 50,000	<input type="checkbox"/> Theft of Guns	\$ _____
<input type="checkbox"/> Money	\$ _____	<input type="checkbox"/> Theft of Silverware	\$ _____
<input type="checkbox"/> Securities	\$ _____	<input type="checkbox"/>	\$ _____
Other Property Coverage Options <input type="checkbox"/>			
Coverage Endorsement Options - Liability			
<input type="checkbox"/> Additional Residence Premises Occupied by Insured:			
<input type="checkbox"/> Additional Residence Rented to Others:			
Address		Medical Payments	# Families
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Accidental Death Benefit <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000		<input type="checkbox"/> \$1,000 Limit for Damage to Property of Others	

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					
3. Any flooding/brush/landslide or unusual hazards? <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. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ¹					
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe extent and whether occupied.					
10. Any animals kept on premises? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate number, specify breeds (not mutt), bite history and use if other than companionship.		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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe type, use and condition of all outbuildings.					
		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: <u>HP 1700544</u>				Code: 0000000501 Expiration Date: 05/22/2015			
Notes:							
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 # <u>407175454</u> Name <u>Fifth Third Bancorp</u> Address <u>PO Box 598</u> City <u>Amelia</u> State <u>OH</u> Zip Code <u>45102</u>				<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 Yes Is 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. Noirot, 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.