

HOMEOWNERS APPLICATION

**SECURITY MUTUAL
INSURANCE COMPANY**

2417 North Triphammer Road
P.O. Box 4620
Ithaca, New York 14852-4620

Agency Name/Address _____

Code _____

Named Insured And Mailing Address _____

Bound: Yes No

Town _____ State _____ Zip _____ County _____

Period _____ To _____ 12:01 a.m. Standard Time

Described Location If Other Than Described Above: _____

Coverage Form: ML-1R ML-2 ML-3 ML-4 ML-5
ML-1T ML-2T ML-3T ML-4T ML-5T

Residence Related Private Structures Personal Property Add'l Living Expense Personal Liab. Med Pay

Ded Amt _____ Residence: RC (Att. Estimator) ACV Const. _____ Prot. Class _____

No. of Families: _____ Townhouse: No. of Units in Row _____ Condo: No. of Units in Bldg _____ No. of Apts. _____

Applicant conducting any business or occupation at premises; Describe: _____

Primary Seasonal/Secondary Feet from Hydrant _____ Miles From _____ Fire Dept. _____

Superior Rating Year of Construction _____ Zone _____ Premium Group _____

1. Age of the roof _____ furnace _____ hot water heater _____ circuit breaker box _____
2. Are there any fuses? Yes No
3. Is there any galvanized plumbing? Yes No
4. Does the home contain any lead? Yes No
5. Does the home contain any asbestos? Yes No

ADDITIONAL FORMS & COVERAGES:

Non Smokers Credit: No person who regularly resides in my household has smoked cigarettes, pipes or cigars for 1 yr. or longer as of the date of this application. Should a resident begin to smoke or a person who smokes becomes a resident of my household I will notify the company within 30 days of that date.

Farm CPL (ML-10) Operated by Insured Rented to Others Total Acreage _____
Location _____

Additional Residence Occupied by Insured: Location _____

Additional Residence Rented to Others(ML-40) Descr. _____ 1 or 2 Family
Amount _____ Location _____

Office or Studio Occupancy (ML-42/ML-43) Describe: _____ Med Pay Applies

Additional Insureds (ML-41): _____ Interest _____
Mailing address: _____

ML-48 Related Private Structures Amount _____ Describe _____

ML-55 Replacement Cost Contents

ML-216 Protective Device Credit: Local Central Station (Attach Certificate)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Premiums
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ADDITIONAL INFORMATION:

**Please Complete Reverse Side.
Insured's Signature Required.**



Established 1887

SECURITY MUTUAL INSURANCE COMPANY Privacy Protection Policy

At Security Mutual, providing for your security is our highest concern. We have been protecting policyowners since 1887, and that includes protecting the privacy and confidentiality of our customers' personal information. Therefore, we are pleased to publish Security Mutual's Privacy Notice, which describes how Security Mutual, its subsidiary, Security Mutual Brokers Services, and association, New York Mutual Underwriters, handle the information we receive about you.

Information Collection

- ◆ We collect and use information about you in order to provide you with insurance and other services.
- ◆ We obtain most of the information from you, primarily from the application you complete when you apply for our products or services.
- ◆ Transaction Information: This is information about your transactions with us, our affiliates, or others. It includes your insurance coverage selections and premiums, payment and claims history, and information necessary for billing and payment. It may also include additional information used to adjust, investigate, and settle insurance claims, such as witness statements and police reports. Transaction information may be disclosed as described below.
- ◆ Consumer Report Information: This is information we receive from a consumer reporting agency, and is used to confirm or supplement application information. It includes motor vehicle reports and/or claims history reports. We will disclose consumer report information only as necessary to quote or service your insurance policy and as permitted or required by law. To underwrite your insurance and provide an accurate insurance quote, consumer report information may be shared with our affiliated insurance underwriting association. By obtaining a quote or applying for insurance with us, you consent to our sharing of this information with our affiliated insurance underwriting company.

Information Protection

- ◆ To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with state regulations. We have also appointed a corporate privacy officer to monitor compliance with the Company's privacy policy.
- ◆ All employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate reason for doing so, such as responding to a customer request.

Information Disclosure

- ◆ We will not sell your personal information.
- ◆ We will not disclose your personal information except as necessary for conducting business or where permitted by law. For example, we may disclose your personal information to your agent, our employees or our service providers so they can service your business or respond to your questions or requests. We require the recipients of such information to protect the information and use it only for the purpose provided.

Future Notification

Each year, we will provide you with a summary of our privacy policy.

For More Information

If you have any questions about Security Mutual's privacy policy, please contact us or write to our privacy officer at Security Mutual Insurance Company, Post Office Box 4620, Ithaca, New York 14852-4620.