

CUSTOM HOMEOWNERS APPLICATION

Not Eligible for our Standard or Ultra Programs

Named Insured and Mailing Address:

(Number, Street, Town or City, County, State, Zip Code)



**SECURITY
MUTUAL
INSURANCE
COMPANY**

Established 1887

E-Mail to: applications@securitymutual.com
 Mail to: PO Box 4620, Ithaca, New York 14852-4620
 Fax to: 607.257.5002

Bound: Yes () No ()

607-257-5000
 www.securitymutual.com

Policy Period: From _____ to _____

The described premises covered by this policy is located at the address below.

(Number, Street, Town or City, State, Zip Code)

<u>Protection Class</u> (P, SP, or U)	<u>Construction</u> (Masonry or Frame)	<u>Number of Families</u>	<u>Deductible</u>

Refer to our underwriting program guide for eligibility prior to submitting the application.

	A	B	C	D	L	M
Coverages	Residence	Related Private Structures	Personal Property	Add'l. Living Expense & Loss of Rents	Bodily Injury & Property Damage	Medical Payments To Others (Each Person)
Limit of Liability						

_____ Feet from Fire Hydrant

_____ Miles from Fire Dept.

_____ Fire District

All Year _____ **Seasonal** _____ **Residence Replacement Cost Provision**

Perils Form: _____ ML-1 (ML-1T) _____ ML-4 (ML-4T) _____ Replacement Cost - attach Estimator
 _____ ML-2 (ML-2T) _____ ML-8 _____ Actual Cash Value - **RC does not apply**
 _____ ML-3 (ML-3T)

Replacement Cost on Personal Property (ML-55)? _____ Yes _____ No

Protective Device? If so, describe _____

OPTIONAL COVERAGES - Attach Additional Sheet as necessary

Outboard Motor & Boat (INFO REQUIRED - year built, model, serial #, mfg., date purchased, cost to insured, amt. of ins.)

Coverage for Motor, Boat (incl. equipment permanently attached thereto), and/or Boat Trailer (specifically designed for transportation of boats)

Watercraft ML-75

Inboard Speed _____ mph Length _____ ft.
Sail Length _____ ft.
Outboards No. _____ HP each Total HP if combined _____ Deductible \$ _____

Scheduled Personal Property Endorsement (ML-61) (INFO REQUIRED - article, description, amount of insurance)

Coverage for jewelry, furs, cameras, musical instruments, silverware, golfers' equipment, fine arts, postage stamps, rare & current coins

NOTE Documentation Required: Photographs, Receipts &/or Appraisals

INSPECTION CONTACT - Name & Phone Number _____

If not the Insured, list name & phone # of Property Manager OR responsible party

Mortgagee Name & Address
 _____ Yes _____ No

Mortgagee Billed?
 _____ Yes _____ No

New Escrow Acct. - Bill Second Year Yes

Additional Insured / Insurable Interest?
Alternate Payor Name & Address

Additional Information:

Underwriting Information

(APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED)

Have you had any losses in the past 5 years, at this property, or any property in which you had a financial interest?

Yes ____ No ____ **If yes**, indicate date, type and amount of loss _____

Has any coverage been declined, cancelled, or non-renewed by any carrier in the past 5 years? Yes ____ No ____

If yes, explain _____

Previous Carrier _____ **Last date you had insurance** _____

Is this property occupied by you as your full-time, primary residence? Yes ____ No ____

If a two-family structure, is the second unit rented to others? Yes ____ No ____

If yes, rented to other family? _____ **Other use?** _____

Any other structures on premises? Yes ____ No ____

If yes, describe _____

Any business on premises? Yes ____ No ____ **If yes**, describe _____

Year of Construction _____ **Size of Dwelling** _____ sq. ft. **Age of Roof** _____ Yrs.

If new purchase **Purchase Price \$** _____ **Date of Purchase** _____

Type of Heating System _____ **Any supplemental heat sources?** Yes ____ No ____

If yes, describe _____

Year of System Updates _____ Plumbing _____ Heating _____ *Electrical _____

Knob & Tube Wiring? Yes ____ No ____ *100 amp minimum service required, must be circuit breakers or fuses

Location of fuel tank (if any) Underground ____ In Basement/Crawlspace ____ Outside ____ (On Ground ____; On Cradle ____)

Woodburning Stove or Pellet Stove? Yes ____ No ____

If yes, Woodburning Stove Questionnaire must be submitted **Space Heater?** Yes ____ No ____

Any Swimming Pool(s) on premises? Yes ____ No ____

If yes, Above Ground? ____ In Ground? ____ Fenced? ____ Locking Gate? ____ Diving Board? ____ Slide? ____

Any dog(s) residing, harbored, or kept on premises? Yes ____ No ____ **If yes**, *Company Dog Questionnaire must be submitted*

Breed of Dog(s) _____

Bite History to Humans and/or Other Animals? Yes ____ No ____ **If yes**, describe _____

Any other animal(s) residing, harbored or kept on premises?

If yes, specify type and number _____

NOTICE - THERE WILL BE NO COVERAGE FOR ANY LOSSES RESULTING FROM OR RELATED TO ANY TRAMPOLINE(S) LOCATED ON ANY PREMISES OWNED BY ANY INSURED

How many acres are part of this insured location? _____ **If more than 10 acres**, what is this vacant land used for?

Own vacant land NOT attached to this insured location? Yes ____ No ____

If yes, # of Acres _____ Location _____

Own rental property NOT located at this insured location? Yes ____ No ____ **If yes**, give location & describe _____

Perform daycare or babysitting for hire on the insured premises? Yes ____ No ____

If yes, # of children _____

Volunteer in organizations working with minor children (e.g. Scouting, Little League, Pop Warner, etc.)? Yes ____ No ____

If yes, please list: _____

Any person who knowingly and with 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 hereto, 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 each such violation.

THE INFORMATION REQUESTED ON THIS APPLICATION IS MATERIAL TO SECURITY MUTUAL INSURANCE COMPANY IN ITS DECISION WHETHER TO ISSUE A POLICY OF INSURANCE. READ OVER THE APPLICATION CAREFULLY BEFORE SIGNING IT. By signing this application you confirm (1) that all information supplied, to the best of your knowledge, is true and (2) you have received a copy of Security Mutual's Privacy Notice.

NAME & ADDRESS OF AGENT:

INSURED'S

SIGNATURE: x _____

AGENT'S

SIGNATURE: _____

DATE: _____

Down Payment plus Fees

Must Accompany Application.

Yes - pay by EFT, signed form required

BROKER OR OTHER AUTHORIZED REPRESENTATIVE OF THE INSURED:

Name: _____

Mailing Address: _____



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.