

CHECK PROGRAM APPLICABLE		G.A. #:	SUBAGENT #:
<input type="checkbox"/> DP-1	(55)		
<input type="checkbox"/> DP-3	(43)		
<input type="checkbox"/> HO-8	(28)		

APPLICANT/OWNER (Check box if additional Applicant/Owner is indicated in "Remarks" section on reverse side.)

NAME:	SOCIAL SECURITY NO.:	HOME PHONE: ()	WORK PHONE: ()
MAILING ADDRESS:	CITY:	COUNTY:	STATE: ZIP:
LOCATION ADDRESS: (If different than mailing address)	CITY:	COUNTY:	STATE: ZIP:
DATE OF BIRTH:	OCCUPATION:	EMPLOYER:	

LIENHOLDER (Check box if additional Lienholder is indicated in "Remarks" section on reverse side.)

NAME:	LOAN NUMBER:
MAILING ADDRESS:	CITY: STATE: ZIP:

PERIOD OF INSURANCE

EFFECTIVE DATE: FROM:	TO:	12:01 A.M. STANDARD TIME	PROPERTY LOSS SCORE:
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CURRENT PHOTO MUST ACCOMPANY APPLICATION

PREMIUM INFORMATION		DESCRIPTION OF DWELLING					
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> DIRECT BILL	BILL: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder	YEAR BUILT	CONSTRUCTION TYPE	DATE PURCHASED	PURCHASE PRICE	SQUARE FOOTAGE
CASH WITH APPLICATION: \$ _____			# OF STORIES	# OF FAMILIES	AGE OF ROOF	ATTACH ROOF EXCLUSION? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE/CONDITION OF ROOF
CLASSIFICATION			HEATING: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Other	DATE UPDATED: _____			
1. Previous Carrier _____ Policy No.: _____ Expiration Date: _____ Reason For Changing Carriers: _____ If no previous carrier or a lapse in coverage, please explain why. _____			DATE PLUMBING UPDATED:	DATE WIRING UPDATED:	<input type="checkbox"/> Circuit Breakers	<input type="checkbox"/> Fuses	
2. Woodstove? (If yes, complete Wood Stove Supplement (A600M0586(R0493)) If Primary Source Of Heat, Risk Is Ineligible. <input type="checkbox"/> YES <input type="checkbox"/> NO			MILES TO NEAREST FIRE DEPARTMENT:	FEET TO NEAREST FIRE HYDRANT:	VOLUNTEER FIRE DEPT.: <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Will other insurance be in force on this dwelling? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF PC 9 OR 10, PROVIDE THE FOLLOWING FIRE DEPARTMENT INFORMATION:				
4. Are there any business operations conducted on the premises? <input type="checkbox"/> YES <input type="checkbox"/> NO			RESPONSE TIME:	WATER AND EQUIPMENT AVAILABLE:			
5. Has insured ever filed bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO			COVERAGES				
6. Has insured reported any claims in past 36 months? If yes, list type of loss and amount paid on reverse. <input type="checkbox"/> YES <input type="checkbox"/> NO					TOTAL LIMITS	PREMIUM	
7. Has insured been refused insurance, canceled or non-renewed? <input type="checkbox"/> YES <input type="checkbox"/> NO			Dwelling <input type="checkbox"/> Fire & E.C.		\$	\$	
8. Has any damage remained unrepaired from a previous claim? <input type="checkbox"/> YES <input type="checkbox"/> NO			Other Structures <input type="checkbox"/> Fire & E.C.				
9. Are there any adjacent properties of hazardous nature? <input type="checkbox"/> YES <input type="checkbox"/> NO			Personal Property <input type="checkbox"/> Fire & E.C.				
10. Is there a swimming pool on the property? Is yard fenced with a self-locking gate? <input type="checkbox"/> YES <input type="checkbox"/> NO			Medical Payments <input type="checkbox"/> Fire & E.C.				
11. Does the insured/tenant own or board any animals? If yes, what type/breed of animal(s): _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			Liability				
12. Have there been any losses from a dog bite or firearms? <input type="checkbox"/> YES <input type="checkbox"/> NO			V&MM (Must be based on Dwelling Value.)				
13. Is dwelling located near a body of water? If yes, list body of water & distance to water on reverse. <input type="checkbox"/> YES <input type="checkbox"/> NO			SURCHARGES: (TYPE AND AMOUNT)				
14. Is risk located near brush/landslide area? If yes, risk is ineligible. <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. Is risk located in a forested area? <input type="checkbox"/> YES <input type="checkbox"/> NO			CREDITS: (TYPE AND AMOUNT)				
16. Is dwelling isolated or inaccessible anytime during the year? If yes, distance to nearest dwelling: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO							
17. Does insured have any other coverage with American Reliable? If yes, please list policy number(s) on reverse. <input type="checkbox"/> YES <input type="checkbox"/> NO			OPTIONAL COVERAGES:				
18. Is property VACANT? If yes, risk is ineligible. <input type="checkbox"/> YES <input type="checkbox"/> NO							
19. Is dwelling built on post or piers? If yes, risk is ineligible. <input type="checkbox"/> YES <input type="checkbox"/> NO							
20. Number of employees (Position and # of hours worked)? <input type="checkbox"/> YES <input type="checkbox"/> NO							
AGENT - Is this business (or insured) new to your agency? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you personally inspected the risk? <input type="checkbox"/> YES <input type="checkbox"/> NO Does it show pride of ownership? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF ANY QUESTIONS ANSWERED YES, EXPLAIN ON REVERSE.							
USE OF DWELLING			CIGA CHARGE (.00619793) (If Applicable)				
<input type="checkbox"/> PRIMARY <input type="checkbox"/> TENANT <input type="checkbox"/> SEASONAL			Policy Fee / Expense Constant / Inspection Fee (If Applicable)				
NEIGHBORHOOD TYPE			TERRITORY (From Rate Chart)	PROTECTION CLASS	DEDUCTIBLE(S)		TOTAL PREMIUM
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RURAL					\$	\$	\$

DESCRIPTION OF OTHER STRUCTURES		VALUE
1.		\$
2.		\$
	TOTAL	\$
CLASSIFICATION RESPONSES		
USE THIS AREA TO EXPLAIN UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.		

If dwelling/risk is over 50 years of age, it is required that the wiring, plumbing and heating be brought up to code, otherwise the risk is Ineligible.
I hereby certify that the wiring, plumbing and heating have been brought up to code according to the building regulations of the State of California.

APPLICANT'S SIGNATURE _____ Date _____

If statement applies to risk and is not signed, direct notice of cancellation will be issued.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given in compliance with the Federal Credit Report Act (Public Law 91-508). As part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SUBPRODUCER	DATE	APPLICANT(S) SIGNATURE
NAME		X

EARTHQUAKE COVERAGE DISCLOSURE

MANDATORY OFFER OF EARTHQUAKE COVERAGE (CALIFORNIA ONLY)

The Policy you have applied for does not provide coverage against the peril of Earthquake. California Law requires that Earthquake Coverage be offered to you at your option. Earthquake Coverage, subject to policy provisions, may be purchased for the additional premium shown below:

	Dwelling	Separate Structures	Personal Property	Loss of Use*	Rate or Premium
Earthquake Coverage Applicable Deductible	10%+	10%+	10%+	N/A	

*State Law imposes a minimum of not less than \$1,500.00 for this coverage.

+Subject to a Deductible of 10% of total coverage amount. **MINIMUM** of \$1,000 Deductible applies.

If your deductible amount exceeds the amount of the loss, we will not pay for the loss.

The following additional optional coverages are required by state law to be offered because they are not already provided in the minimum offer of coverage stated above.

1. You may purchase coverage in a specific percentage amount of the coverage now afforded your residence for: **(a)** Payment of private structural engineering costs to determine habitability of your residence after an earthquake, and **(b)** Actual demolition costs due to condemnation of your residence as a result of an earthquake.
2. If you have taken verified steps to fit or retrofit your insured residence to reduce the earthquake damage hazard, you may purchase coverage to pay reconstruction costs to bring your residence up to local residential building code standards as required by your local government as part of the reconstruction permit process after an earthquake. State Law imposes a minimum of \$10,000 for this coverage.

With this offer, you have been provided a description of all surcharges and how the deductible applies to the market value or replacement value for residential earthquake coverage. Please ask your agent for information regarding the dollar amount of the the surcharges. There are no discounts available on the premium for residential earthquake coverage.

The undersigned acknowledges that Earthquake Coverage has been offered, that a premium has been quoted for Earthquake Coverage and that said coverage is hereby:

ACCEPTED REJECTED (Signature Required)

Signature _____

Date _____

Named Insured

If Disclosure is not signed by Insured, coverage will be added.

APPLICATION MUST BE COMPLETED IN FULL, INCLUDING REVERSE.

**AMERICAN RELIABLE INSURANCE COMPANY
CALIFORNIA RESIDENTIAL PROPERTY INSURANCE DISCLOSURE**

This disclosure is required by California Law (Section 10102 of the Insurance Code). It describes the principal forms of insurance coverage in California for residential dwellings. It also identifies the form of dwelling coverage you have purchased or selected.

This disclosure form contains only a general description of coverages and is not part of your residential property insurance policy. Only the specific provisions of your policy will determine whether a particular loss is covered and, if so, the amount payable. Regardless of which type of coverage you purchase, your policy may exclude or limit certain risks.

This disclosure form does not explain the types of contents coverage (furniture, clothing, etc.) provided by your policy. Some policies do not replace contents with new items, but instead, only pay for the current market value of an item. If you have any questions, contact your insurer or agent.

READ YOUR POLICY CAREFULLY. If you do not understand any part of it or have questions about what it covers, contact your insurance agent or company. You may also call the California Department of Insurance Consumer Information Line at (800) 927-HELP or (213) 897-8921.

AFTER REVIEWING THE DISCLOSURE CAREFULLY, PLEASE SIGN ON THE LINE PROVIDED BELOW
TO ACKNOWLEDGE RECEIPT AND UNDERSTANDING OF THE DISCLOSURE.

Print Name

Signature

FORMS OF COVERAGE FOR DWELLINGS

*Dwelling Coverage
Selected or Purchased*

GUARANTEED REPLACEMENT COST COVERAGE WITH FULL BUILDING CODE UPGRADE PAYS REPLACEMENT COSTS WITHOUT REGARD TO POLICY LIMITS, AND INCLUDES COSTS RESULTING FROM CODE CHANGES.

In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling with like or equivalent construction **regardless of policy limits. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover guaranteed replacement cost.** The amount of recovery will be reduced by any deductible you have agreed to pay.

This coverage includes all additional costs of repairing or replacing your damaged or destroyed dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of rebuilding.

NOT
APPLICABLE

To be eligible to recover full guaranteed replacement costs with building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building costs; you must permit inspections of the dwelling by the insurance company; and you must notify the insurance company about any alteration that increase the value of the insured dwelling by a certain amount (see your policy for that amount).

GUARANTEED REPLACEMENT COST COVERAGE WITH LIMITED OR NO BUILDING CODE UPGRADE PAYS REPLACEMENT COSTS WITHOUT REGARD TO POLICY LIMITS BUT LIMITS OR EXCLUDES COSTS RESULTING FROM CODE CHANGES.

In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling with like or equivalent construction **regardless of policy limits. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover guaranteed replacement cost.** The amount of recovery will be reduced by any deductible you have agreed to pay.

This coverage does **not** include all additional costs of repairing or replacing your damaged or destroyed dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of rebuilding. Consult your policy for the applicable exclusion or limits with respect to these costs.

NOT
APPLICABLE

To be eligible to recover full guaranteed replacement cost with building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building costs; you must permit an inspection of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount).

APPLICATION MUST BE COMPLETED IN FULL, INCLUDING REVERSE.

EXTENDED REPLACEMENT COST COVERAGE PAYS REPLACEMENT COSTS UP TO A SPECIFIED AMOUNT ABOVE THE POLICY LIMIT.

In the event of any covered loss to your home, the insurance company will pay to repair or replace the damaged or destroyed dwelling with like or equivalent construction **up to a specified percentage over the policy's limits of liability**. See the declarations page of your policy for the limit that applies to your dwelling. **Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover extended replacement costs.** The amount of recovery will be reduced by any deductible you have agreed to pay.

NOT
APPLICABLE

To be eligible to recover extended replacement cost coverage, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation; you must permit an inspection of the dwelling by the insurance company; and you must notify the insurance company about any alteration that increase the value of the insured dwelling by a certain amount (see your policy for that amount). Your policy will specify whether or not you must actually repair or replace the damaged or destroyed dwelling in order to recover extended replacement cost. Read your policy to determine whether your policy includes coverage for building code upgrades.

REPLACEMENT COST COVERAGE PAYS REPLACEMENT COSTS UP TO POLICY LIMITS

In the event of any covered loss to your home, the insurance company will pay to repair or replace the damaged or destroyed dwelling with like or equivalent construction up to the policy's limit of liability. See the declarations page of your policy for the limit that applies to your dwelling. **Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover replacement costs.** The amount of recovery will be reduced by any deductible you have agreed to pay. To be eligible to recover replacement cost, you must insure the dwelling to _____% of its replacement cost at the time of loss. Read your declaration page to determine whether your policy includes coverage for building code upgrades.

ACTUAL CASH VALUE COVERAGE PAYS THE FAIR MARKET VALUE OF THE DWELLING AT THE TIME OF LOSS, UP TO POLICY LIMIT.

In the event of any covered loss to your home, the insurance company will pay either the depreciated fair market value of the damaged or destroyed dwelling at the time of the loss or the cost of replacing or repairing the damaged or destroyed dwelling with like or equivalent construction **up to the policy limit**. The amount of recovery will be reduced by any deductible you have agreed to pay. Read your declaration page to determine whether your policy includes coverage for building code upgrades.

BUILDING CODE UPGRADE—ORDINANCE AND LAW COVERAGE PAYS, UP TO LIMITS SPECIFIED IN YOUR POLICY, ADDITIONAL COSTS REQUIRED TO BRING THE DWELLING "UP TO CODE".

In the event of any covered loss, the insurance company will pay any additional costs, up to the stated limits, of repairing or replacing a damaged or destroyed dwelling to conform with any building standards such as building codes or zoning laws required by government agencies and in effect at the time of the loss or rebuilding (see your policy).

NOT
APPLICABLE