



HOMEOWNERS INSURANCE APPLICATION

American National Property And Casualty Company
 American National General Insurance Company

Transaction <input type="checkbox"/> New Business <input type="checkbox"/> Trial Application		Policy Number		Future Payment Method: <input type="checkbox"/> Insured <input type="checkbox"/> Easy Pay <input type="checkbox"/> 1 st Mortgagee <input type="checkbox"/> Other _____	
Agent No.	Field Office No.	Effective Date	Social Security Number for Account Owner (CIF)	Home Office Use	
First Named Insured (Last, First, Middle)		Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status	Social Security Number
Second Named Insured (Last, First, Middle)		Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status	Social Security Number
Mailing Address			City	State	Zip Code
County (Where Property Located)	How long lived at this address?	Phone Number		Account E-mail Address	
Property Location: Street Address			City	State	Location Zip Code
First Mortgagee Name			Second Mortgagee Name		
Mailing Address			Mailing Address		
City		State	City		State
Zip Code	Loan Number		Zip Code	Loan Number	

LIST ANY ADDITIONAL INSURED OR MORTGAGEES AND THEIR ADDRESSES IN REMARKS SECTION

RATING AND COVERAGE INFORMATION

COVERAGES	LIMITS	PREMIUMS	PROTECTION
A – DWELLING	\$ _____	\$ _____	Class: <input type="text"/> Rating Zone: <input type="text"/> Construction Year: <input type="text"/>
B – OTHER STRUCTURES	\$ _____	\$ _____	Dwelling Occupied By <input type="text"/> Families (list number of families)
C – UNSCHEDULED PERSONAL PROPERTY	\$ _____	\$ _____	Form Type: <input type="text"/>
D – ADD'L LIVING EXPENSE LOSS OF USE	\$ _____	\$ _____	Dwelling Type: <input type="text"/>
E – PERSONAL LIABILITY (EACH OCCURRENCE)	\$ _____	\$ _____	Construction Type: <input type="text"/>
F – MEDICAL PAYMENTS (EACH PERSON)	\$ _____	\$ _____	Is dwelling built on a hillside foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do not bind.
OPTIONS/ENDORSEMENTS		PREMIUMS	Does dwelling have a fully enclosed foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, do not bind.
_____		\$ _____	Has dwelling ever been moved? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do not bind.
_____		\$ _____	Deductible (Minimum amounts may apply): <input type="text"/>
_____		\$ _____	Is dwelling accessible to emergency vehicles at all times and in all weather conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, do not bind.
_____		\$ _____	Is dwelling accessible only by boat or airplane? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do not bind.
_____		\$ _____	Name of Primary Responding Fire Department (May not be closest fire station.) <input type="text"/>
_____		\$ _____	NOTE: If subscription department, attach copy of paid fire receipt.
_____		\$ _____	Feet To Fire Hydrant: <input type="checkbox"/> Under 601 <input type="checkbox"/> 601 - 1,000 <input type="checkbox"/> Over 1,000
TOTAL POLICY PREMIUM		\$ _____	Miles To Fire Station: <input type="checkbox"/> 0-3 <input type="checkbox"/> 3.1-5 <input type="checkbox"/> 5.1-6 <input type="checkbox"/> 6.1-7 <input type="checkbox"/> 7.1-10 <input type="checkbox"/> Over 10



UNDERWRITING INFORMATION

1. Occupation

1st Named Insured

2nd Named Insured

2. Condominium rented to others? Yes No

If yes, is rental agreement period: less than 6 months per renter? **DO NOT BIND.**
 6 months or more per renter? (Add Rented to Others Endorsement.)

3. List previous address

4. Have you or any member of your household ever been convicted of a felony or drug possession?
 Yes No **If Yes, do not bind.**

5. For Form 4 (Tenant) only, is dwelling a small (1-4 unit) apartment building or complex adjacent to or connected to a restaurant, bar, tavern, or manufacturing facility? Yes No **If Yes, do not bind.**

6. Current Market Value
 \$

7. Building Occupancy: Owner Under Const. Secondary/Seasonal
 Tenant Vacant

If vacant, explain

8. Is Principal Heating System a central system and thermostatically controlled? Yes No **If No, do not bind.**

9. If there is a Supplemental Heating System, is it thermostatically controlled? Yes No **If No, do not bind.**

10. Enter year utilities were completely replaced? (documentation required)
 Heating Cooling

11. A. Roof Year (documentation required)
 B. Roof Type

Is roof an asbestos or corrugated metal roof?* Yes No
 Is roof overlaid with more than two layers of shingles?* Yes No
 Is wood roof overlaid on composition shingles?* Yes No
 Is roof overlaid on wood shake or shingle?* Yes No
 Is roof a T-Lock shingle or similar interlocking shingle?* Yes No
***If Yes, do not bind.**

C. Impact Resistance (documentation required).
 UL/FM1 UL/FM2 UL/FM3 UL/FM4

NOTE: If not transmitting electronic application, attach UH-88 Property Inspection Form on any home over 20 years old and on all Modular homes.

12. Special liability exposures:

A. Dog? Yes No If Yes, how many? Breed? Provide name, gender, size, color and approx. year born in remarks section. Has anyone been bitten by dog? Yes No **If Yes, do not bind.**

B. Pool? Yes No If Yes, fenced and locked? Yes No **If No, do not bind.**

C. Skateboard Ramp? Yes No **If Yes, do not bind.**

D. Trampoline? Yes No If Yes, is yard fenced and locked? Yes No **If No, do not bind.** Safety Net? Yes No

E. No. of Acres at this location?

F. Any revenue/income generated from farming operations? Yes No If Yes, describe, add Incidental Farm Do gross receipts exceed \$2,000 annually? Yes No **If Yes, do not bind.** Endorsement.

G. Any silos on premises? Yes No

H. Equine Animals? Yes No If Yes, describe: Provide name, gender, height, approx. year born, breed, color in remarks section. How many?

I. Livestock? Yes No If Yes, describe:

J. Does the applicant have any inherently vicious, dangerous, or exotic animals? Yes No **If Yes, do not bind.**

K. Any power generation on premises (other than backup generator)? Yes No If Yes, provide type of power being generated in remarks section.

13. Does the applicant have flood insurance through the National Flood Insurance Program? Yes No

14. Is dwelling exposed to hazards such as brush or forest fire, landslide, flood, etc? Yes No If Yes, describe:

15. Business pursuits conducted on premises? Yes No If Yes, describe, add Office, Professional, Private School or Studio Use Endorsement, and attach UH-135.

Type of Inventory Value of Inventory \$

16. Any child care services on premises? Yes No
 Number of children: None 1-3 4-6 More than 6 If 1-3 children, add Home Day Care Endorsement. If 4 or more, Underwriter approval required.

17. Any adult day care on premises? Yes No **If Yes, do not bind.**
 Type of Day Care: Day Care 24 Hr Foster Care

18. Any Other Structures or Buildings? Yes No If Yes, describe and give value(s).
 If larger than 10 X 20, submit photo.

19. Claim History - Have you or any member of your household had a loss in the past six years, whether insured or not? Yes No **If yes:**

Date	Details and Loss Type	Amount Paid
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

20. Local Burglar Alarm Central Burglar Alarm (Credit only given when Certificate is attached) Central Fire Alarm (Credit only given when Certificate is attached)

21. Does the dwelling have the FORTIFIED...for safer living®-New Construction designation offered by the Institute for Business and Home Safety (IBHS)? Yes No If Yes, documentation required. (Not available in all states)



REMARKS

FLOOD INSURANCE

This policy does not cover flood losses. Flood Insurance Coverage is available from the National Flood Insurance Program.

EARTHQUAKE INSURANCE NOTICE

This policy does not cover earthquake losses including losses from land shock waves or earthquake or tremors before, during, or after a volcanic eruption, and no endorsement to add such coverage is available through American National Property And Casualty Company or American National General Insurance Company.

APPLICATION AND BINDER AGREEMENT

I, the undersigned, agree that the statements herein are true, correct and accurate, and are made for the express purpose of inducing American National Property And Casualty Company or American National General Insurance Company, either of which may be referred to as the "Company", to issue an insurance policy. I understand that any insurance policy issued as a result of this application will be based on the facts and answers stated herein. The various coverages and limits available under this policy have been fully explained to me. It is my decision to purchase the coverages and limits set forth herein.

I have read the ACCOUNT AND INSURANCE RISK SCORE AGREEMENT, the FAIR CREDIT REPORTING PRE-NOTIFICATION, the ANTIFRAUD WARNING, and the ELECTRONIC TRANSMISSION AGREEMENT statements and I authorize the Company to obtain credit-based insurance risk score reports about the Account Owner designated in the application, and if applicable, his/her spouse or civil union partner, and other consumer reports on any or all household members for the purpose of underwriting and/or rating this application. Such reports may contain information as to credit standing, credit worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization extends to subsequent consumer reports ordered and used for legally permissible purposes in connection with this application and/or any other policy(ies) currently within my Account. If I am the spouse or civil union partner of the Account Owner, I acknowledge that I am initiating this application for insurance with the Account Owner's knowledge and I am acting on the Account Owner's behalf as well as my own behalf. If I am not the Account Owner or his/her spouse or civil union partner, I acknowledge that I am initiating this application for insurance with the Account Owner's and, if applicable, his/her spouse's or civil union partner's knowledge and am acting on their behalf as well as my own behalf. I understand and agree that the Account Owner will receive notice of this policy.

The authorization to obtain the above reports extends to affiliated companies, to consumer reporting agencies and insurance support organizations representing the Company.

This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, electronic and other copies shall have the same effect for all purposes as an ink-signed original.

TRIAL APPLICATION NON-BINDER: I understand that no insurance is bound hereunder and agree that no insurance shall be effective until this application is approved by the Company.

I agree that this application will serve as a binder of insurance coverage only if: (a) it is not a trial application, (b) an effective date is indicated, (c) the application is signed by an authorized agent of the Company, and (d) the minimum premium payment is made at the time the application is completed. However, negotiation of the premium payment does not constitute acceptance of this application.

Applicant's Signature	X
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DATE AND TIME OF APPLICATION (Month) (Day) (Year) (Time)	AMOUNT RECEIVED	AGENT'S NAME (Print or Stamp)	X
<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	\$	AGENT'S SIGNATURE	X
License No.			



ACCOUNT AND INSURANCE RISK SCORE AGREEMENT

This is to inform you that as part of our procedure for underwriting and/or rating this application, the policy that is issued will be included in a household Account. An Account may be comprised only of policies for insureds who reside in the same household. An Account must have one designated Account Owner. The Company may obtain credit-based insurance risk scores (Risk Scores) about the Account Owner and, if applicable, his/her spouse or civil union partner which will be used to determine the Account insurance risk score (Account Risk Score). The Account Risk Score may be used in underwriting and/or rating all policies included in the Account, subsequent renewals of those policies, and policy services such as adding or deleting coverage. If this application is for the first policy in the Account, the applicant will designate himself/herself or his/her spouse or civil union partner as the Account Owner.

We may notify the designated Account Owner of any added or deleted policies related to the household Account.

In the event of an adverse action based in whole or in part upon the Account Risk Score, the applicant, Account Owner and his/her spouse or civil union partner understand that information about the Account Risk Scores of the Account Owner and, if applicable, his/her spouse or civil union partner may be disclosed to the applicant, Account Owner and, if applicable, his/her spouse or civil union partner.

FAIR CREDIT REPORTING PRE-NOTIFICATION

This is to inform you that as a part of our procedure for processing your application, an investigative consumer report may be made whereby information is obtained through personal interviews with third parties, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation and a summary of your rights under the Fair Credit Reporting Act.

ANTIFRAUD WARNING

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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ELECTRONIC TRANSMISSION AGREEMENT

It is hereby agreed and understood that my application will be submitted to the company electronically. I have been made aware of the various coverages and options available. In consultation with my agent, I have identified the property to be insured and have selected the coverages, limits, and deductibles that I desire or that is required by state law. I confirm that my agent has accurately recorded my selection in each of these areas. I further understand that the premium quoted is an estimate only and the premium charged will be in accordance with the company's filed rates.

IMPORTANT NOTICE

CashbackSM is not available for any account with policies written with American National General Insurance Company.