

DESIRED DWELLING COVERAGE	
<input type="checkbox"/>	OWNER Occupied
<input type="checkbox"/>	TENANT OCCUPIED
<input type="checkbox"/>	SEASONAL OCCUPIED
Vacant Dwelling	
3 mths. <input type="checkbox"/>	6 mths. <input type="checkbox"/>

ARGENIA, LLC

Dwelling Fire Application

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

******All Applications Must Have Pictures Attached******

Originating Broker _____	Phone # _____
Address _____	Fax # _____
City, State, Zip _____	E-Mail Address _____

Applicant's Name _____	
Mailing Address _____	
City _____	State _____ Zip _____
Telephone Number _____	Applicant's Age _____ Married? YES <input type="checkbox"/> NO <input type="checkbox"/>
Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Occupation _____ E-Mail Address: _____

Property Location: _____	
City _____	State _____ Zip _____
Section _____	Township _____ Range _____ County _____

Mortgagee's Name _____	
Address _____	City _____ State _____ Zip _____
Loan # _____	E-Mail Address _____

Protection Class _____ Construction Type _____ # of Stories _____ Type of Heat _____ Roof Type _____
 Sq. Footage _____ Foundation(Open or Solid) _____ Year Built _____ Purchase Price \$ _____
 Prior Carrier _____ Was Policy Non-renewed or Cancelled NO YES-reason _____

Loss History-Enter all claims or Losses (regardless of fault & whether or not insured) or occurrences that may give rise to claims for the prior 5 years.
 List Insured's All Previous Fire Losses, Dates, & Amounts (if applicable)

Date of Occurrence	Description of Loss	Date of Claim	Amount Paid	Amount Reserved	Claim Status

LIMITS OF INSURANCE	PERILS
ACV - Dwelling \$ _____	Fire, Extended Coverage, Vandalism and Malicious Mischief <i>(VM & M Not Included with Vacant Property)</i> PROPERTY PREMIUM \$ _____ DEDUCTIBLE AMOUNT \$ _____ WIND OR HAIL DEDUCTIBLE \$ _____
ACV -Personal Property \$ _____	
Adjacent Structures \$ _____	
Total Desired Coverage \$ _____	

The undersigned certifies the above statement to be true, and has not knowingly suppressed or misstated any material facts. The undersigned further understands that the above statements form a basis of acceptance by the insurance company and that any material misrepresentation or concealment may void payment of claim and/or insurance coverage. Disclosure to Surplus Lines Insured. Only applicable to non-admitted business. The undersigned acknowledges that he/she has been informed that the insurance risk for which he/she desired coverage has been placed pursuant to the Surplus Line Insurance Law; and that he/she understands that the insurance company's rates and form are not subject to the review of the Arkansas Insurance Department, that the protection of the Arkansas Property and Casualty Guaranty Act does not apply to policies written pursuant to the Surplus Line Insurance Law, and that a tax of 4% is required by law to be collected on all surplus line insurance premiums.

Binding:

- 1) Application must be completed in entirety and signed by applicant to be accepted.
- 2) Application will be bound upon #1 above and the post-mark date of the envelope mailed to Argenia with the following exceptions:
- 3) Application may be bound prior to post-mark date, if #1 is met, upon date application is received via fax by Argenia, Inc.

Date Signed _____ Applicant's Signature _____

Requested Effective Date _____ Broker's Signature _____

DECLINATION OF RESIDENTIAL EARTHQUAKE COVERAGE	
I have been advised about the availability of residential earthquake insurance through the Market Assistance Program (MAP) and/or the Arkansas Earthquake Authority and/or the insurance company to which I am applying.	
I hereby chose NOT to purchase earthquake coverage in any form, from any of the above sources.	
Applicant's Signature: _____	Date: _____