

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

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.

ARGENIA, INC.

Homeowners (HO-8) Application

Originating Broker _____ Phone # _____ Fax# _____
Address _____ City, State, Zip _____

APPLICANT'S NAME _____
MAILING ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
 Telephone Number _____ Applicant's Age _____ Married? YES NO
 Employed? YES NO Occupation _____
PROPERTY LOCATION: _____
CITY _____ **STATE** _____ **ZIP** _____
SECTION _____ **TOWNSHIP** _____ **RANGE** _____ **COUNTY** _____

MORTGAGEE'S NAME _____
ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

Protection Class _____ Construction Type _____ Sq. Footage _____ Year Built _____ # of Stories _____
Purchase Price\$ _____ **Prior Carrier** _____

Was Policy Non-renewed or Cancelled NO YES-reason _____

- | | | | |
|--|--|---|--|
| Roof In Good Repair | <input type="checkbox"/> YES <input type="checkbox"/> NO | Primary Wood Heat | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Home In Good Repair | <input type="checkbox"/> YES <input type="checkbox"/> NO | Secondary Wood Stove | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Currently Occupied By Owner | <input type="checkbox"/> YES <input type="checkbox"/> NO | (If yes See Change & Warranty) | |
| Is Owners Current Financial Condition Stable | <input type="checkbox"/> YES <input type="checkbox"/> NO | Aluminum Wiring | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| | | Any Area of Dwelling Part of A Mobile Home | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| | | More Than 2 Losses In Past 3 Years (Explain Below) | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| | | Any Prior Fire Loss for \$5,000 or more (Explain Below) | <input type="checkbox"/> NO <input type="checkbox"/> YES |

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 5years.
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		DEDUCTIBLE & OPTIONS	PERILS
A - Dwelling	\$ _____	Perils other than wind and hail Deductible \$ _____ Wind & Hail Deductible \$ _____	HO-8 Form Theft Limit - \$1,000 Personal Liability \$50,000/ \$500 Med-Pay
B - Adjacent Structures (10% of A)	\$ _____		
C - Personal Property (40% of A)	\$ _____		
D - Loss of Use (10% of A)	\$ _____		
Total Desired Coverage (A thru D)	\$ _____		

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 no 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:** _____