

# Select Homeowners Application

Email completed application to [submit@midman.com](mailto:submit@midman.com).

Requested Effective Date: \_\_\_\_\_

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

APPLICANT INFORMATION							
Name:				Date of Birth:			
Occupation:			Employer:				
Name:				Date of Birth:			
Occupation:			Employer:				
Insured Location: <i>(if different than mailing address)</i>							
City:		State:		Zip:		County:	
Mailing Address: <i>(if different than insured location)</i>							
City:		State:		Zip:		County:	
Inspection Contact:				Phone Number:			
Producer Carrier:				Phone Number:			
Prior Coverage:		Expiration Date:		Expiring Premium:			
<b>If prior coverage has cancelled or non-renewed, please explain why?</b> <i>(Missouri Applicants need not apply)</i>							
<b>If the insured has not carried insurance within the last 12 months please explain why?</b>							
<b>Within the last 5 years has the applicant had</b> <i>(check all that apply):</i>							
Foreclosure		Bankruptcy		Repossession		Lien	
Mortgagee: <i>(Name/Mailing address Including Zip Code)</i>				Loan #:			
Mortgagee: <i>(Name/Mailing address Including Zip Code)</i>				Loan #:			
Additional Insured: <i>(Name/Address/City/State/Zip)</i>				Describe Interest:			
Grantor, Beneficiary, or Trustee: <i>(For Named Insured that are Trusts, Estates, etc.)</i>				Date of Birth:			

COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES								
Policy Form:	HO-3		HO-4		HO-6		DP-3	
Dwelling/ <i>(A&amp;A HO-6)</i>	Other Structures:				Personal Property:			
Loss of Use:	Liability:				Medical Payments:			
Loss Assessment:	Ordinance or Law <i>(10% included):</i>				15%		25%	

Wind/Hail Deductible:		AOP Deductible:	
Named Storm Deductible:		Other Deductible:	
	% (100% if wind peril is excluded)	(e.g. Water damage, Theft)	

RATING AND UPDATES INFORMATION											
Protection Class # (if PC 9/10, requires supplemental app)											
Distance to Fire Hydrant: (feet)					Distance to Fire Station: (miles)						
Fire Department:		Paid			Volunteer						
Occupancy: (Builder's Risk requires supplemental app)											
Primary		Secondary		Rental		Secondary Rental		Builder's Risk		Vacant	Unoccupied
If dwelling is rented, # of weeks per year?											
Construction: (Log requires supplemental app)											
Frame/Stucco			Masonry		Masonry Veneer		Superior		EIFS	Log	
Year Built:		Square Footage:		# of Families:		# of Stories:					
If HO4/6:	How many floors in the building?				On which floor is the unit?						
Protective Alarms/Devices:											
Central Fire		Central Burglar		Smoke Detectors		Interior Sprinklers		Deadbolt			
Windstorm Mitigation:											
Hip Roof		Roof Straps		Protective Glass		Metal Electronic Shutters					
				Metal Manual Shutters		Plywood Shutters					
Roof Type:	Comp		Shake		Tile		Slate		Other:		
Hip Roof:	Yes	No	Age of Roof: (Year Updated)				Roof Update:	Partial	Full		
Was the dwelling gutted and completed remodelled?			Yes	No	Does the dwelling include any live knob and tube wiring?			Yes	No		
Does the dwelling include any fuses?			Yes	No	Does the dwelling include any lead piping as part of the plumbing system?			Yes	No		

LOSS HISTORY (Loss History includes all losses within the last 3 years regardless of location)						
Date	Type of Loss	Cause	Amount	Open or Closed	Unrepaired damage (Y or N)	Preventative Measures

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)						
Is business conducted on premises?		Yes		No		If yes, explain:
Is the dwelling undergoing any renovation or construction?				Yes		No (If yes, requires supplemental Builder's Risk app)
Is the dwelling for sale?		Yes		No		Is the dwelling rented to students?
			Yes		No	
Do you or any tenant that occupies the premises own any animals?				Yes		
Type(s):		Breed(s):		Bite History:		

Is there a woodstove on premises?	Yes	No	<i>(if yes, requires supplemental heating questionnaire)</i>	
If yes is it a primary heat source?	Yes		No	
Is the dwelling on the National Historic Register?	Yes		No	
Is there a swimming pool?	Yes	No	Fenced	Unfenced
Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above?	Yes		No	
Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or within the last 5 years?	Yes		No	
<b>California Only:</b>	Is there 150 feet of brush clearance around all structures?		Yes	No
If Wood Shake roof, is there 1000 feet of brush clearance?	Yes	No	Is there Fire Retardant Treatment?	Yes No

OPTIONAL COVERAGES/ENDORSEMENTS								
Personal Property Replacement Cost:	Yes	No	Special Personal Property All Risk Coverage C:	Yes	No			
Special Computer Coverage:	Yes	No	Extended Replacement Cost Dwelling:	125% Yes	150% No			
Upgrade to Green Residential Endorsement:	Yes	No	LexElite Eco Homeowner:	Yes	No			
Personal Injury:	Yes	No	Water Back Up and Sump Pump Overflow:	\$5,000	\$10,000	\$25,000	Yes	No
Increased Special Limits <i>(all)</i> :	Yes	No	Increased Special Limits <i>(Jewellery/Watches/Furs)</i> :	Yes	No			
Identity Fraud:	Yes	No	Directors & Officers Coverage:	Yes	No			
Limited Fungi (Mold), Wet or Dry Rot Coverage:	Yes		No					
Section I:	\$10K	\$25K	\$50K	Section II:	\$10K	\$25K	\$50K	
<b>Extending Liability</b>	Yes		No					
# of properties:	Occupancy:	Address:						
<b>Watercraft Liability</b>	Yes		No					
Engine Type:	Inboard	Outboard	Length:	Feet:				
<b>Increased Limits on Business Property</b>	Yes		No					
If yes:	\$10,000		\$25,000					
<b>Golf Cart Coverage</b>	Yes		No					
# of carts:	Value:	Year:						
Make:	Model:	Serial #:						
Include Liability for Golf Carts:	Yes		No					
<b>HO6 All Risk Coverage A</b>	Yes		No					
<b>Pet Critical Injury Coverage</b>	Yes		No					
# of Dogs:	# of Cats:							
<b>Earthquake Coverage</b> <i>(States other than CA, OR WA)</i>	Yes		No					
<b>Sinkhole Coverage</b> <i>(Florida Only)</i>	Yes	No	If yes to sinkhole Coverage <i>(Florida Only)</i> :					
1) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage, or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises?					Yes	No		

2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures?	Yes	No
3) At any time, has this property had any prior sinkhole claims?	Yes	No
Earthquake Coverage (CA, OR, WA Only)	Yes	No
	Limited	Deluxe
If yes to Earthquake Coverage in CA, OR, WA:		
1) If located on a hillside, is the slope 25 degrees or less?	Yes	No
2) If built between 1920 and 1950, is there full seismic retrofitting?	Yes	No
3) Is the dwelling built on tall walls or posts?	Yes	No
4) Is the foundation concrete/steel and reinforced?	Yes	No
5) Are the water heater and fireplace chimney securely bolted to the dwelling studs or foundation?	Yes	No
<b>The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out"</b>		
LexShare Home Rental Coverage <i>Included on all HO3 &amp; HO6 if occupancy is Secondary, Secondary Rental or Rental</i>	Opt out Add to Primary occupancy	
Cyber Safety Coverage <i>Included on all HO3, HO4 &amp; HO6</i>	Opt out	
Mandatory Evacuation Coverage <i>Included on all HO3, HO4 &amp; HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RI, MD, VA</i>	Opt out	
Mechanical Breakdown <i>Included on all HO3 &amp; HO6</i>	Opt out	

<b>Additional Comments</b>
<p><b>Notice to Applicants:</b> Any person who knowingly and with intent to defraud any insurance company or other person files and 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 act, which is a crime and may subject such person to criminal and civil penalties.</p> <p><b>Notice to Arkansas, New Mexico and West Virginia Applicants:</b> Any person who knowingly presents a false or fraudulent claim for payment or 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.</p> <p><b>Notice to Colorado Applicants:</b> It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company, penalties may include imprisonment, fines, denial or insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.</p> <p><b>Notice to District of Columbia Applicants:</b> Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.</p> <p><b>Notice to Florida Applicants:</b> Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.</p> <p><b>Notice to Kansas applicants:</b> Any person who knowingly and with intent to defraud, presents, causes to be presented or prepared with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain material false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p> <p><b>Notice to Kentucky applicants:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.</p> <p><b>Notice to Louisiana applicants:</b> 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.</p> <p><b>Notice to Maine applicants:</b> It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.</p>

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

**Notice to Minnesota applicants:** a person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Notice to New jersey applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New York applicants:** 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 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.

**Notice to Ohio applicants:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma applicants:** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 §3613.1).

**Notice to Oregon applicants:** 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, may be guilty of a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

**Notice to Pennsylvania applicants:** 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.

**Notice to Tennessee, Virginia and Washington applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to Vermont applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

DECLARATION	
<p><b>Applicant's Statement:</b> The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.</p> <p>The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.</p>	
PRODUCER'S SIGNATURE:	
DATE OF SIGNATURE:	
APPLICANT SIGNATURE:	
DATE OF SIGNATURE:	

Email completed application to [submit@midman.com](mailto:submit@midman.com).