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TRU HOMEOWNER'S INSURANCE POLICY

General Information

Proposed Effective Date: _____

Applicant's Name: _____ Date of Birth: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Residential Telephone Number: _____ Fax: _____

Physical Location (if different): _____

Contact Person: _____ Contact Person Email: _____

Is the Applicant married? Yes No

If yes, answer: Spouse's Name: _____ Spouse's Birth Date: _____

Broker's Name: _____ Broker E-mail: _____

Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Reason coverage has been cancelled or non-renewed: _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five-year loss/claims history, including details or current CLUE report. **(REQUIRED)**

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by a Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

Desired Insurance

Liability Section: Are you wanting to add Liability to your Homeowners Policy? Yes No

Self-Insured Retention (SIR): \$2,500 \$5,000 \$10,000 Other: _____

Per Accident/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000
<input type="checkbox"/>	\$1,000,000/\$2,000,000
<input type="checkbox"/>	Other: _____

Property Section

Dwelling Details:

Dwelling Value: \$ _____

Personal Property: \$ _____

Other Structures: \$ _____

(any single item over \$100,000 or more must be disclosed)

(each other structure must be separately listed for coverage to apply)

Loss of Use: \$ _____

(coverage may not be available on secondary or seasonal dwellings)

Deductible: \$2,500 \$5,000 \$10,000 \$25,000 Other _____

Risk Share Options: 25% 35% 50% Other _____

Property Underwriting Information

1. County: _____
2. Is this location within 50 miles of a body of water? Yes No Distance to Intercoastal/coastal waters: _____
3. Is this location located within a high wildfire zone? Yes No
4. Total monthly household income and source(s) \$ _____
5. Has the Applicant ever filed for bankruptcy? Yes No If yes, date filed? _____
6. Applicant's current employer(s): _____
 - a. Employer Name: _____
 - c. Job title of Applicant: _____
 - d. Length of time employed there: _____
7. Mortgages/additional interests: _____
8. Mortgagee Name & Address: _____
9. Are mortgage payments current? Yes No
10. Use/Occupancy: Seasonal Owner Tenant Occupied Short-term Rental
 Commercial Exposure if yes, explain: _____

Structural Information

11. Is the dwelling unoccupied for periods greater than 2 weeks? Yes No
If yes, answer:
 - a. Length of vacancy (yrs./mos.): _____
 - b. Future plans: _____
13. Within the next 12 months will the dwelling have structural modifications? Yes No
If yes, provide details of remodel plan (include timeframes for completion) _____
14. Stories: _____ Year built: _____ Livable Square feet: _____ Public protection class: _____
15. Distance to nearest fire department? Within 1 mile 1-5 miles Over 5 miles
16. Distance to nearest fire hydrant? Within 500 feet 501 feet-1,000 feet Over 1,000 feet
17. Construction: Frame Masonry Masonry Non-Combustible Fire Resistant
18. Provide Details on Fire Suppression or Fire Prevention Systems: _____
19. Garage: Attached Free standing None
20. Type of roof: Shingle Metal Earthen Tile Gravel Other: _____
 - a. Has the roof been replaced? Yes No If yes, when (year): _____
 - b. Roof condition: Excellent Good Fair Poor
21. Type of wiring: Copper Aluminum Other: _____
 - a. Has the wiring been replaced? Yes No If yes, when (year): _____
 - b. Does the structure have fuses or breakers? _____

22. Plumbing type: Lead Copper Flexible Piping Other: _____
- a. Has the plumbing been replaced? Yes No If yes, when (year): _____
23. Foundation type: Cement Foundation Pylons Other: _____
- a. Describe condition of foundation: Good Poor Needs Repair _____
24. Primary heat source: _____
- a. Does the property contain a kerosene or woodstove? Yes No (all woodstoves require a separate questionnaire)
25. Central air? Yes No Swamp Cooler? Yes No
26. Site security (if any): _____
27. Condition of dwelling: Excellent Good Above Average Fair
28. Domestic pets? Yes No If yes, Animal Liability Application required
29. Smoke detector? Battery Direct Wire None
30. Carbon monoxide detector? Battery Direct Wire None
31. Main Water Shutoff Valve? Yes No Location of valve: _____
32. Are there solar panels on the property or on the dwelling? Yes No Location: _____
- a. Provide the value of the solar panels: _____

Surrounding Hazards

33. Are there trees within 10 feet of the dwelling? Yes No
- If yes, please answer:
- a. Type(s) of tree(s): _____
- b. Average height: _____
34. Are there telephone or electrical poles close to dwelling? Yes No
35. Are there any factors that would constitute a wind hazard such as Tornado or Hurricane concerns? Yes No
36. Are there any water sources close to dwelling including rivers, lakes, ponds, or any other possible water hazard? Yes No
- If yes, describe: _____
37. Is structure located in flood zone? (if yes, provide elevation certificate) Yes No
- If yes, what is the frequency of floods in that area? _____
38. Has there ever been flood damage to dwelling? Yes No
- Year: _____ Amount: \$ _____
39. Is there a pool? Yes No
40. Is there a trampoline? Yes No
41. Is there any kind of fuel storage, including propane tanks? Yes No
- If yes, indicate distance from dwelling and tank capacity: _____
42. Is there any un-repaired damage? Yes No
- a. If yes, provide details of damage: _____
- b. If yes, cause of damage: _____
- c. Length of time un-repaired: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature Signature

Print Name Print Name