

Statewide Insurance Corp.
 P.O. Box 30527, Phoenix, AZ 85046
 (602) 494-6900 (800) 228-1710
 FAX (602) 494-6999

Wilshire Insurance Company
ARIZONA BRONZE PROGRAM
1 - 4 FAMILY DWELLING

Rental # of Units _____
 Vacant Owner
 Seasonal
 2 Payments Annual

Bill to: Insured Mortgagee Bill Method: 6 Payments

Name _____ Phone (H) _____ Phone (W) _____
 Occupation _____ Married
 Mailing Add. _____ Employer _____ Single or Separated
 City, State, Zip _____ Social Security No. _____ DOB _____
 County _____
 Location of property if other than above (include driving instructions if Class 9 or 10).

POLICY TERM REQUESTED Effective Date: From _____ To _____ Policy Term: _____ Months
 BINDING COVERAGE: Only our General Agent has binding authority. Coverage can be bound by phone or FAX. If mailed, coverage will be bound the date after the postmark. If metered, mail, binding is the date of receipt. No coverage may be bound or increased within 72 hours of the announcement of an impending disaster, i.e., volcanic eruption, earthquake, flood, mudslide, brush fire, etc.

DESCRIPTION AND LOCATION OF THE PROPERTY

Year Built _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick, Stone, Masonry Veneer	<input type="checkbox"/> Brick - Entire Structure	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Aluminum, Plastic Siding over Frame	<input type="checkbox"/> Modular/Pre-Fab
# of losses last 5 years _____	Protection Class _____	Wood Stove <input type="checkbox"/> Yes <input type="checkbox"/> No	Mkt. Value \$ _____	Sq. Feet _____	Purchase Yr. _____	
		# of Stories _____	ACV \$ _____	No. Of Families _____	Amount \$ _____	

NOTE: This policy excludes all coverages for Bodily Injury and/or Property Damage caused by ANY animal in your ownership, maintenance or custody.

UNDERWRITING RULES

- All property must be insured to 100% ACV. A higher market value option is available.
- Dwelling must be valued between \$6,000 and \$150,000. Submit risks valued above \$150,000.
- Dwellings over 50 years old must have the electrical, plumbing and heating systems brought to code.
- A signed application must be submitted for each risk.
- Photos must be submitted with all applications.
- For wood stoves, or free standing fireplaces used for supplemental heating, submit a completed and signed certification by the insured accompanied by a photo of the stove and chimney. DO NOT BIND.
- Submit if the insured has had three dwelling losses in the past five years.
- Any roof over 20 years old, submit with photo for approval.

PROHIBITED RISKS (Any "Yes" answer makes the risk prohibited.)

- Any commercial use, including farming and day care.
- Insured has had MORE THAN three dwelling losses or one fire, burglary (if purchased) or liability loss in the past five years.
- Other structures not incidental to the dwelling. No barns.
- Poor upkeep. This program is not for non-standard risks.
- In area with high incidence of vandalism or burglary.
- Unemployed people unless retired.
- Dwellings with wood stove or fireplace as primary heat source or those which do not conform to the standards of our certification form.
- Contents exceeds 40% of the value of the dwelling.
- Pool (with diving board/slide or unfenced) or a trampoline. Call for approval.
- Any conviction of arson or fraud related to loss on any property? Yes No
- Mortgage payments now overdue 3 months or more? Yes No
- More than 30 days lapse in coverage? Yes No
- Are any electrical fuses used on property. Yes No
- Has insured or spouse had a repossession, judgment foreclosure, multiple bad debts or charge offs in the past 4 years? Yes No

MORTGAGEE

Name _____
 Address _____
 City _____ State _____ Zip _____
 Loan No. _____
 Prior Insurance: Yes No (if no, why not?)
 Company: _____ Policy No. _____

THE FOLLOWING MUST BE COMPLETED.

- Physical Condition: Good Fair Poor
 - Seasonal Dwellings: How often frequented per year? _____
 - Type of Heating: Forced Air Space Heater Portable Wall Mounted Other: _____ deductible
- Each of the following "Yes" answers must be explained.**
- | | | |
|--|--------------------------|--------------------------|
| 4. Any business pursuits on the premise? (Submit) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Property been upgraded (wiring, heat, roof, etc.) or additions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Canceled, declined or non-renewed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Swimming pool or other recreational equipment?
Describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Any existing damage, inside or out? (Need Photo) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Other structures? (Barns not acceptable.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any animals on premises? If yes, give type and breed. | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "Yes" answers on a separate sheet.

List all losses in the past five years (use separate sheet if necessary).

Date _____	Cause _____	Amt. \$ _____
Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	Water/Theft/Wind Mandatory Deductible

COVERAGE	AMOUNT	PREMIUM
Dwelling <input type="checkbox"/> Fire <input type="checkbox"/> EC	\$ _____	\$ _____
Other Structures	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000		\$ _____
Liability <input type="checkbox"/> Personal <input type="checkbox"/> Premises	\$ _____	\$ _____
Additional Living Expense	\$ _____	\$ _____
Fair Rental Value	\$ _____	\$ _____
V&MM \$0.10 Per \$100 Total Value		\$ _____
Burglary	\$ _____	\$ _____
Medical Payments	\$ _____	\$ _____
		\$ _____
Special Premium Adjustment		\$ _____
Policy Fee		\$ _____
Minimum Retained	TOTAL PREMIUM	\$ _____

PRODUCER

Agency No. _____ Phone No. _____
 Agency Name _____
 Address _____
 City _____ State _____ Zip _____
 Producer's Signature _____

APPLICANT'S SIGNATURE

NOTICE: The normal procedure used by the company to evaluate applications may include obtaining an investigative consumer and credit report involving such things as character, general reputation, personal characteristics and mode of living. Information on the nature and scope of such report, if one is made, will be given to you upon written request. I hereby declare that all of the foregoing statements are true, I understand that false statements may void coverage.

Applicant's Signature _____ Date _____

ARIZONA DWELLING

BRONZE PROGRAM

FIRE AND EXTENDED COVERAGE RATES (Does not include V&MM or MOLD. See Options below.)

\$75 MINIMUM PREMIUM - \$35 MINIMUM EARNED PREMIUM

\$500 DEDUCTIBLE

Effective march 1, 2004 for New Business, May 1, 2004 for Renewal Business

LIMIT OF LIABILITY	PROTECTION CLASS 1 - 4		PROTECTION CLASS 5 - 7		PROTECTION CLASS 8 - 10	
	Fire	E. C.	Fire	E. C.	Fire	E. C.
	\$0 - 6,000	54	23	59	26	81
7,000	60	26	68	30	91	40
8,000	70	30	71	31	101	42
9,000	74	31	79	32	110	57
10,000	75	32	82	36	120	51
11,000	79	33	86	37	124	54
12,000	82	36	90	39	137	55
13,000	86	37	95	40	132	57
14,000	90	39	97	41	136	58
15,000	95	40	104	42	139	59
16,000	97	41	105	45	142	60
17,000	101	42	109	46	146	61
18,000	105	45	113	59	149	65
19,000	109	46	116	50	153	66
20,000	113	49	120	51	157	68
21,000	116	50	124	52	162	69
22,000	120	51	127	55	165	70
23,000	124	52	132	56	168	71
24,000	127	55	135	58	173	74
25,000	132	56	139	59	176	75
26,000	135	58	142	60	179	77
27,000	139	59	147	61	184	78
28,000	142	60	149	65	187	80
29,000	147	61	154	66	192	81
30,000	149	65	157	68	194	84
31,000	154	66	162	69	198	85
32,000	157	68	165	70	203	86
33,000	162	69	168	71	206	87
34,000	165	70	173	74	210	90
35,000	168	71	176	75	214	91
36,000	173	74	179	77	217	94
38,000	179	77	187	80	224	96
40,000	187	80	194	84	232	99
42,000	194	84	203	86	NOT AVAILABLE	
44,000	203	86	210	90	NOT AVAILABLE	
46,000	210	90	217	94	NOT AVAILABLE	
48,000	217	94	224	96	NOT AVAILABLE	
50,000	224	96	232	99	NOT AVAILABLE	
Each Addi. \$1,000	4.01	2.03	4.06	2.08	4.60	2.62

SUBMIT VALUES OVER \$100,000.

RESIDENCE BURGLARY	
Limit	Premium
\$1,000	\$13
2,000	23
3,000	31
4,000	40
5,000	48
6,000	55
7,000	62
8,000	70
9,000	77
10,000	84
Not available on rental, seasonal or vacant dwellings.	

MEDICAL OPTIONS	
\$1,000 – Add \$10.00	
\$2,500–ADD \$30.00	
\$5,000–Add \$75.00	

CONTENTS	
See Limit of Liability chart for corresponding amount.	

Personal Property cannot exceed 25% Of the dwelling limit.
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CREDITS – MAX 20%
2 Yrs. Loss Free 10%
Safety Devices* 5%
Alarm System** 5%
Structure Less Than 25 Years Olc – 5%
*Dead Bolt, Fire Extinguisher
** Provide Name of Monitoring Co.

SURCHARGES

Seasonal Dwellings

Increase fire and EC premium by 10%.
Must be frequented each 90 days. No V&MM or Burglary.

Supplemental Heating

Add \$50 flat charge per dwelling. Must conform to inspection criteria. If primary heat source, risk is unacceptable. Surcharge does not apply to vacant dwellings.

Vacant Dwellings

Increase Fire and EC premium 25%.
Maximum Term of coverage is one year for individuals and two years for lenders. Dwelling must be locked and windows in tact.

Additional Structures

Up to 10% of dwelling is available under dwelling coverage. Must be incidental to dwelling. No barns. One time the rate shown for "Each Addi. \$1,000"

Options

V&MM (Not available on vacant dwellings) .10 Per \$100

Fair Rental Value - Use rates for "Each Additional \$1,000"

Deductible Options: \$1000 ded. Call for quote.

Personal Liability*

	1 Family	2 Family
\$25,000	\$14	\$28
\$50,000	\$16	\$32
\$100,000	\$18	\$36
\$300,000	Call for Quote	

OL&T Liability*

\$25,000	\$28	\$36
\$50,000	\$32	\$41
\$100,000	\$36	\$46
\$300,000	Call for Quote	

*Excludes dog bites, assault and battery and snowmobiles.

Not available on vacant dwellings with swimming pools, properties with barns or similar structures, or risk with hazardous recreation facilities.

Additional Living Expense - Use rates for "Each Additional \$1,000"

Fire Department Service - \$2.00 per \$100

Private Fire Department Credit - 1.5% (apply to Subtotal Premium)