

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

**Wilshire Insurance Company**  
**Arizona Homeowners GOLD Program**  
 Bill To: Insured  Mortgagee   
 6 Payments  2 Payments  Annual   
 NAMED INSURED

Producer:  
 Broker Code:  
 Phone:  
 Fax:

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: \_\_\_\_\_

POLICY TERM REQUESTED Effective Date: From \_\_\_\_\_ To \_\_\_\_\_ Policy Term: 12 Months  
 BINDING COVERAGE: Only our General Agent has binding authority. Coverage can be bound by FAX. If mailed, coverage will be bound the date after the postmark.  
 If metered mail, binding is the date of receipt.

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	
# of losses last 5 years	Protection Class	Wood Stove <input type="checkbox"/> Yes <input type="checkbox"/> No (Photo or Certification with App)	Mkt. Value \$ _____	Sq. Feet _____	Purchase Yr. _____	
			# of Stories _____	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.**

Prior Insurance:  Yes  No (If no, why not?)  
 Company: \_\_\_\_\_ Policy No. \_\_\_\_\_  
 List all losses in the past five years (use separate sheet if necessary).  
 Date \_\_\_\_\_ Cause \_\_\_\_\_ Amt. \$ \_\_\_\_\_

**UNDERWRITING RULES**

- All property must be insured to 100% replacement cost.
- Dwelling must be valued more than \$50,000 and less than \$150,000 in Protection Class 1-8. Submit risks valued above \$150,000.
- Maximum age of building 40 years - over 40 years must be submitted with proof of building improvements for approval.
- A PHOTO and signed application must be submitted with all applications.
- Two (2) years of loss free history must be submitted for \$250 Deductible option. Proof in the form of a letter from prior carrier or statement from submitting agent must be submitted with app.
- Any Liability loss(es) must be submitted for approval.

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

- Any usage other than owner occupied, one or two family.
- Insured has three or more dwelling losses, one burglary loss or any major fire loss (excess of \$25,000) in the past three years.
- Other structures not incidental to the dwelling. No barns.
- Poor upkeep. This program is not for non-standard risks.
- Located in area of high incidence of vandalism or burglary and/or theft.
- Unemployed people, unless retired or on disability.
- Dwellings with wood burning stoves as primary heat source or those which do not conform to the standards of our certification form.
- Pool with diving board and/or slide or a trampoline. Call for approval.
- Has insured or spouse had a repossession, judgement, foreclosure, multiple bad debts or charge offs in the past 4 years?
- Any home with day care services performed on premises.
- More than 30 days lapse in coverage?

**THE FOLLOWING MUST BE COMPLETED.**

- Physical Condition:  Good  Fair  Poor
- Type of Heating:  Forced Air  Space Heater  Portable  
 Wall Mounted  Other: \_\_\_\_\_

Each of the following "Yes" answers must be explained. Yes No

- Any business pursuits on the premise? (Submit)
- Property been upgraded (wiring, heat, roof, etc.) or additions?
- Canceled, declined or non-renewed?
- Swimming pool or other recreational equipment?    
Describe: \_\_\_\_\_
- Any existing damage, inside or out? (Need Photos)
- Other structures? (Barns not acceptable.)
- Mortgage payments now overdue 3 months or more?
- Any animals on premises? If yes, give type and breed.

Explain any "Yes" answers on a separate sheet.

I hereby declare that all of the foregoing statements are true. I understand that false statements may cause coverage to be canceled.

Applicant's signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Deductible	Mandatory Water/Theft/Wind Deductible
<input type="checkbox"/> \$500	<input type="checkbox"/> \$500
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000

COVERAGE	AMOUNT	PREMIUM
Dwelling	\$	\$
Other Structures	\$	\$
Personal Property	\$	\$
Personal Liability	\$	\$
Medical Payments	\$	\$
Sub Total	\$	\$
Basic Policy Premium	\$	\$
Increase Personal Liability	<input type="checkbox"/> \$ 50,000 - \$13.00 <input type="checkbox"/> \$100,000 - \$28.00 \$	
Additional Residences Rented to Others	\$	\$
Credits/Surcharges	\$	\$
Special Premium Adjustment	\$	\$
Policy Fee (FULLY EARNED)	\$	20
Total Policy Premium	\$	\$
MINIMUM RETAINED PREMIUM - \$50.00		

Mortgagee

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Loan # \_\_\_\_\_

**APPLICANTS SIGNATURE**

**NOTICE: The normal procedure used by the company to evaluate applications may include obtaining an investigative consumer and credit report involving information on such things as character, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be given to you upon written request.**