

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

Wilshire Insurance Company
Arizona Homeowners SILVER Program

Producer:
 Broker Code:
 Phone:
 Fax:

Bill To: Insured Mortgagee
 6 Payments 2 Payments Annual

NAMED INSURED

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% market value.
- Dwelling must be valued more than \$40,000 and less than \$150,000. Submit risks valued above \$150,000.
- Maximum age of building 50 years - over 50 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 \$15,000) 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 on premises.
- 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 |
| 3. Any business pursuits on the premise? (Submit) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Property been upgraded (wiring, heat, roof, etc.) or additions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Canceled, declined or non-renewed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Swimming pool or other recreational equipment?
Describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any existing damage, inside or out? (Need Photos) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Other structures? (Barns not acceptable.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Mortgage payments now overdue 3 months or more? | <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.

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: _____

H108SWAZ (03/2004)

NOTE: RISK IS NOT BOUND BY THIS APPLICATION.

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		\$
Deductible		\$
Private Fire Dept. Credit - 1.5%		\$
Basic Policy Premium		\$
Increase Personal Liability		\$
<input type="checkbox"/> \$ 50,000 - \$28.00 <input type="checkbox"/> \$100,000 - \$50.00		\$
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.