



NOTE TO PRODUCERS	BINDING
COVERAGE IS NOT BOUND UNLESS FULLY COMPLETED APP IS ACCOMPANIED BY A PHOTO (FRONT) OF DWELLING.	(1) FAX (2) EMAIL (3) 12:01 DATE OF POSTMARK

DWELLING FIRE APPLICATION

PROPOSED EFFECTIVE DATE _____ to _____

PRODUCER NAME & ADDRESS: _____

IS APPLICANT KNOWN BY AGENT? Y ___ N ___ DO YOU RECOMMEND APPLICANT? Y ___ N ___

APPLICANT INFORMATION

APPLICANT NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

OCCUPATION: _____

DATE OF BIRTH: _____ PHONE #: _____

COVERAGE LIMITS OF INSURANCE

POLICY FORM: ___ DP-1 ___ DP-3 ___ \$500 DED AOP ___ \$1000 DED AOP ___ \$2500 DED AOP

PERILS TO BE INSURED: ___ FIRE ___ EC ___ V&MM ___ 1000 MEP

___ RESIDENCE BURGLARY (\$1,000 DED) LIMIT OF INSURANCE: _____ PREMISES ONLY LIABILITY

WIND/HAIL EXCLUDED: ___ YES ___ NO

MOBILE/BALDWIN COUNTIES - WIND/HAIL DED: ___ 5% OR \$2500 ___ 10% OR \$2500

BASIC COVERAGES LIMITS PREMIUM PROPERTY INFORMATION

DWELLING COVERAGE	_____	_____	CONSTRUCTION TYPE	_____ SQ FT
ADJACENT STRUCTURES	_____	_____	___ FRAME/BRVNR	
PERSONAL PROPERTY	_____	_____	___ MASONRY	DESCRIBE
ADD'L LIVING EXPENSE	_____	_____	___ OTHER	
LIABILITY	_____	_____	OCCUPANCY	PROT CL: _____
MEDICAL PAYMENTS	_____	_____	___ OWNER ___ TENANT	
BURGLARY	_____	_____	COUNTY: _____	YR BUILT: _____
VMM	_____	_____		
	TOTAL PREMIUM	\$ _____	YR UPDATED:	
	FEE	\$ 125.00	PLUMBING: _____ ELEC: _____ HVAC: _____	
	(6%) PREM TAX	\$ _____	ROOF: _____ TYPE ROOF: _____	
	TOTAL	\$ _____	WITHIN 5 MILES OF FIRE DEPT? ___ YES ___ NO	
			WITHIN 1000' OF HYDRANT? ___ YES ___ NO	

\$15.00 FEE TO AGENT FOR PHOTO

UNDERWRITING QUESTIONNAIRE

(1) IS THE DWELLING VACANT? Y N

IF YES, DO NOT BIND, SUBMIT FOR QUOTE & TERMS.

(2) SWIMMING POOL ON PREMISES? Y N **IF YES, SUBMIT**

FENCED Y N SELF LOCKING GATE Y N

(3) ANY BUSINESS CONDUCTED ON PREMISES? Y N

IF YES, EXPLAIN: _____

(4) PRIMARY HEAT SOURCE: GAS OR ELECTRIC WOOD STOVE / SPACE HEATER

(5) IS PROPERTY WITHIN 3 MILES OF COASTAL / BAY WATERS? Y N

(6) IS PROPERTY NORTH OF I-10? Y N

(7) DOES APPLICANT / TENANT HAVE ANY PETS? Y N TYPE / BREED: _____

(8) HAS APPLICANT BEEN CANCELLED OR NON-RENEWED IN PAST 3 YEARS? Y N

IF YES, EXPLAIN: _____

(9) BANKRUPCY, FORECLOSURE OR REPOSSESSION IN LAST 5 YEARS? Y N

IF YES, EXPLAIN: _____

(10) CENT STA ALARM: Y N TYPE: _____ SMOKE DETECTORS: Y N

PRIOR CARRIER (3YRS)	LOSSES	TYPE	DATE	AMOUNT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

MORTGAGEE(S):

NOTICE REGARDING FAIR CREDIT REPORTING ACT:

As part of our underwriting procedure, personal information from a credit report may be collected from personas other than you and considered with this application for insurance and subsequent policy renewals. This information as well as other personal information collected by us or our Producers may in certain circumstances be disclosed to third parties. You have the right to review such information and can request correction of inaccuracies. Contact your Agent for instructions on how to submit a request to us.

SIGN AND DATE THIS APPLICATION

It is unlawful to knowingly and with intent provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

Applicants Statement: I have read the above application and any attachments, I declare that all information on this application is true and accurate to the best of my knowledge and belief. I understand that if information is incorrect, incomplete or changes it will be used to determine my eligibility and rate.

Applicant Signature Date Producer Signature Date

MANDATORY ADDITIONAL SIGNATURES REQUIRED: TRIA DUE DILIGENCE ARBITRATION END.

Acceptance Indemnity Insurance Company

ARBITRATION ACKNOWLEDGEMENT DWELLING PROGRAM, ALABAMA

Policy Number/Binder Number: _____

Insured: _____

Address: _____ City: _____

State: _____ Zip: _____

THE POLICY INCLUDES A BINDING ARBITRATION AGREEMENT. YOU AGREE THAT THIS INSURANCE AGREEMENT DOES AFFECT AND INVOLVES INTERSTATE COMMERCE AND CERTAIN DISPUTES ABOUT CLAIMS AND ANY OTHER DISPUTES AND CONTROVERSIES ARE SUBJECT TO RESOLUTION BY THE FEDERAL ARBITRATION ACT. THE ARBITRATION AGREEMENT REQUIRES THAT ANY DISAGREEMENT RELATED TO THIS POLICY MUST BE RESOLVED BY ARBITRATION AND NOT IN A COURT OF LAW. THE RESULTS OF THE ARBITRATION ARE FINAL AND BINDING ON THE INSURED AND THE INSURANCE COMPANY. IN AN ARBITRATION, AN ARBITRATOR, WHO IS AN INDEPENDENT, NEUTRAL PARTY, GIVES A DECISION AFTER HEARING THE POSITIONS OF THE PARTIES. WHEN THE INSURED ACCEPTS THE INSURANCE POLICY, THE INSURED AGREES TO RESOLVE ANY DISAGREEMENT RELATED TO THE POLICY BY BINDING ARBITRATION INSTEAD OF A TRIAL IN COURT INCLUDING A TRIAL BY JURY. ARBITRATION TAKES THE PLACE OF RESOLVING DISPUTES BY A JUDGE AND JURY AND THE DECISION OF THE ARBITRATOR CANNOT BE REVIEWED IN COURT BY A JUDGE AND JURY.

Insured's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

ALABAMA DWELLING ARBITRATION ACKNOWLEDGEMENT

Policy Number:

Insured Name & Address:

This policy includes a binding arbitration agreement. This insurance agreement affects and involves interstate commerce and certain disputes about claims and any other disputes and controversies are subject to resolution by the Federal Arbitration Act. The arbitration agreement requires that any disagreement related to this policy must be resolved by arbitration and not in a court of law.

Arbitration will be before a panel of three arbitrators. Each party will select an arbitrator. The two arbitrators will select a third. The opinion of the majority of the arbitrators in any arbitration proceeding held pursuant to this agreement will constitute a final and binding decision on the insured and the insurance company.

By accepting this insurance policy, the insured agrees to resolve any disagreement related to this policy by binding arbitration instead of a trial in court including a trial by jury. Arbitration takes the place of resolving disputes by a judge and jury, and the decision of the arbitrators cannot be reviewed by a judge and a jury.

Insured Signature

Date

Agent Signature

Date

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase Terrorism coverage for a prospective premium of \$_____.
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Policyholder/Applicant's Signature

ACCEPTANCE INDEMNITY

Insurance Company

Print Name

Policy Number

Date

NEW ACCEPTANCE TRIA FORM
MANDATORY FOR ALL NEW
AND RENEWAL POLICIES
EFFECTIVE SEPTEMBER 1, 2008



Ashland General Agency, Inc.
Due Diligence Form

According to Alabama Code 27-10-20, the following information must be completed for all non-admitted business written in the state of Alabama:

Carriers that declined coverage:

Carrier 1: _____

Carrier 2: _____

Carrier 3: _____

Insured: _____

Agent: _____

**STATEMENT OF INSURED(S) ON POLICIES ISSUED UNDER
THE ALABAMA SURPLUS LINES INSURANCE LAW**

Surplus line insurer: ACCEPTANCE INDEMNITY INSURANCE COMPANY


Insured(s): _____

Policy number: _____

Effective date: _____ **Policy issue date:** _____

The undersigned insured(s) understand that the insurance coverage provided by the above-described policy is written by an insurer that is not authorized (licensed) by the Alabama Department of Insurance and that the Department of Insurance does not have any authority over the policy forms used or the premiums charged by this insurance company. The undersigned insured(s) further understand that no Alabama insurance guaranty fund protection exists in the event this insurance company becomes insolvent and that, in the event of insolvency, there is no guarantee a claim will be fully covered.

With these understandings, the undersigned insured(s) consent that the coverage be placed through an unauthorized insurer.



Insured

Surplus line broker

Print insured name: _____

Alabama broker license: 0070340

Date: _____

Date: _____

Insured

Print insured name: _____

Date: _____

ACCEPTANCE DWELLING PROGRAM UNDERWRITING GUIDE

SUBMIT LIST

1. Any risk where the applicant has suffered a prior FIRE loss of \$10,000 or more (this or any other property owned or rented).
2. Any risk where any applicant has filed for bankruptcy within the past 7 years. We require that the agent have personally known the applicant for at least two years and can unconditionally recommend the applicant for coverage.
3. Risks with any type of business on premises.
4. Risks exceeding five (5) acres.
5. Log cabins or log homes.
6. Hunting cabins, camps or lodges.
7. Dwellings with more than two liens or mortgages.
8. Risks that have sustained more than 3 losses in the past three years.
9. Any risk where ownership is a Life Estate or Remainder Estate.

PROHIBITED RISKS

- Vacant or unoccupied property.
- Property for sale or under foreclosure.
- No legal title to land upon which dwelling is located.
- Poor repair or condemned dwelling.
- Poor moral risk.
- Risks in an area being condemned due to urban renewal or located in a high crime area.
- Dwellings heated by coal or kerosene heaters as the primary heating source.
- Dwellings heated by wood heaters unless professionally installed AND professionally maintained.
- Risks with trampoline on premises.
- Risks where owners possess vicious dogs or dogs who have a history of biting. Included (but not limited to) in this list are Doberman Pinschers, Pit Bull Terriers, German Shepherds, Chows, Rottweilers, or one of the aforementioned dogs as a mixed breed. (TRAINED GUIDE DOGS FOR THE BLIND/HANDICAPPED ARE EXEMPT FROM THIS LIST) Also, any reptiles who could be considered dangerous, i.e. snakes, spiders, wild animals, etc.
- Dwellings which are undergoing construction or renovation.
- Dwellings over 50 years of age, unless evidence of recent electrical, plumbing, and gas line renovation is submitted with the application.
- Farm property or risks with livestock on premises (other than pets).
- Mobile homes or Mobile homes converted into dwellings.
- Any risk which is situated on land that is prone to flooding.