

American Western Home Insurance Company



P O Box 7878 Huntington, WV 25778 800-624-3422
www.bloss-dillard.com

HO-3 Application

Applicant	SS#	Occupation	Phone Number	DOB
Mailing Address:			Effective Date	
Insured Location			County:	
Producer Name:		Address:		
Phone #	Fax #:	Email Address:		
Prior Carrier:		Expires:	Expiring/Renewal Premium: \$	

Mortgage Information/Additional Interests:

Loan #1:	Name/Address:
Loan #2:	Name/Address:

General Information

County:	Distance to Fire Hydrant: ft.	Fire Dept:	
Protection Class (over 8 not eligible):	Distance to Fire Station: ft.	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Occupancy: <input type="checkbox"/> Primary-owner	Number of Acres (not eligible if over 5):		
Construction: <input type="checkbox"/> Frame/Stucco <input type="checkbox"/> Brick, Stone or Masonry <input type="checkbox"/> Other			
Sq Ft:	Market Value (eligible \$65,000 to \$250,000):	# of stories:	# of families (more than one not eligible):
Protection Device: <input type="checkbox"/> Fire <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Motion Detector <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Deadbolts	Sprinklers: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Combo		
Foundation: <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Concrete/Block <input type="checkbox"/> Pilings/Stilts (If so, risk ineligible)	Roof: <input type="checkbox"/> Asphalt <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other _____		
Electric Type: <input type="checkbox"/> Breaker Box <input type="checkbox"/> Fuse Box—not acceptable			

Loss History—Must be filled out COMPLETELY:

Risk not eligible if any fire loss in last five years or a liability loss greater than \$10,000. All claims must be closed.

Date:	Type of Loss:	Cause:	Amount:	Preventive Measures?

Limits:

Dwelling: <input type="checkbox"/> ACV <input type="checkbox"/> RC \$	Other Structures: \$	Personal Property: 50% included
Loss of Use: 10% included	Personal Liability: <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000	Replacement Cost Contents: <input type="checkbox"/> Yes <input type="checkbox"/> No
	10% included (50% maximum)	\$1,000 included

Property Information

Year Built (not eligible if built prior to 1920):	Date of Updates: Roof: _____ Wiring: _____ Heating: _____ Plumbing: _____
Woodstove/Supplemental Heat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Installed by contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this the primary heat: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, risk is not eligible)	

Underwriting Information
(Yes to any of the below questions disqualifies risk)

1. Is dwelling ever unoccupied for > 30 days in a row?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there a swimming pool on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are there any day care operations conducted on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is there a trampoline on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is there any prior/current mold exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is there any business conducted on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does the applicant own any animal with bite history or vicious propensities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does the applicant own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves, wolf hybrids or any mix of these breeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does the applicant own any other wild or exotic animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Has the applicant had similar insurance declined, canceled or non-renewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is the dwelling held in the name of a corporation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are kerosene or portable space heaters used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Does the dwelling have any unrepaired damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Is the dwelling an earth home, dome home, open pier, stilt home, row home, log home, townhouse, condominium, or any other non-conventional design?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Is the dwelling a manufactured home or a modified manufactured home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Is the dwelling under construction or undergoing any major renovation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Is the dwelling located within 1,000 feet of rising water or in an area prone to flooding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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WV RESIDENTS ONLY: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS. Note to agents: No binding or quoting authority! Please call/fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

Producer's Signature: _____ Date: _____

Applicant's Statement: With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

Applicant's Signature: _____ Date: _____