MAGNOLIA EVANS MUTUAL INSURANCE COMPANY

416 W. MAIN STREET MCNABB, IL 61335

HOMEOWNERS APPLICATION

AGENT NAME	NAME AND MAILING ADDRESS	HOME PHONE	OFFICE USE ONLY
		DEDUCTIBLE	
		☐ 500	BILLING
CODE	EFFECTIVE DATE / /	☐ 1000	☐ ANNUAL ☐ SEMI-ANNUAL

APPLICANT INFORMATION	MORTGAGEE/CONTRACT SELLER PAYEE ☐ INSURED ☐ MORTGAGEE
DOB / / SS#	
CO-APPLICANT INFORMATION	
DOB / / SS#	

LOCATION OF PROPERTY INSURED

LEGAL DESCRIPTION OR ADDRESS ☐ same as above	FIRE CLASS	CITY	TOWNSHIP	COUNTY

PROPERTY COVERAGE

☐ HOME/AUTO DISCOUNT	PERIL CODES	LOSS SETTLEMENT CODES	OPTIONAL COV. & ENDORSEMENTS
Policy #	GROUP 1 - BASIC PERIL GROUP 2 - BROAD FORM GROUP 3 - OTHER PERILS	1. ACV 2. 100% RC - BUILDINGS 3. FUNCTIONAL RC - BUILDINGS 4. RC - PERSONAL PROPERTY	INLAND MARINE ATTACH APP RV - ATTACH APP BOAT - ATTACH APP

	AMT. OF COVERAGE	OFFICE USE ONLY	PERIL CODE	LS CODE	EARTH-QUAKE	CONSTRUCTION	YEAR	KIND
DWELLING						ROOF		
APS						ELECTRICAL AMPS		
PERS. PROP								
ALE						HEATING (GAS or OIL)		
PERSONAL LIABILITY		MEDICAL PAYMENTS		SQUARE FOOTAGE		PLUMBING		

UNDERWRITING QUESTIONS	YES	NO
(1) ARE THERE ANY PONDS / POOLS / TRAMPOLINES? IF YES, ARE THEY FENCED?		
(2) DOES APPLICANT(S) OWN ANY ANIMALS? IF YES, LIST TYPE AND NO.		
(3) HAVE YOU SEEN THE PROPERTY?		
(4) HAS ANY COMPANY EVER CANCELLED OR REFUSED TO WRITE OR RENEW A POLICY? IF YES, EXPLAIN		
(5) ANY SPACE HEATERS OR WOODBURNING STOVE?		
(6) ARE THERE ANY BUILDINGS TO BE EXCLUDED?		
(7) ANY BUSINESS CONDUCTED ON THE PREMISES? IF YES, EXPLAIN		
(8) ARE YOU INSURING ANY RENTAL PROPERTY FOR LIABILITY ONLY?		
(9) DOES INSURED BABY-SIT? IF YES, HOW MANY?		
(10)HAS THERE EVER BEEN A BANKRUPTCY OR FORECLOSURE?		
(11)IS THE DWELLING SEASONAL?		

(12)NAME OF PREVIOUS CARRIER.
ANY LOSSES? YES / NO
LIST DATE, TYPE, AMT. PAID.

(13)IF NEW PURCHASE LIST DATE OF PURCHASE & PRICE.

REMARKS

MINE SUBSIDENCE WAIVER

I, We do not desire MINE SUBSIDENCE INSURANCE and hereby waive any right to such coverage under this policy or any future policy covering my (our) interest in the property unless I (we) request this coverage in writing at some future date.

APPLICANT'S SIGNATURE DECLINING COVERAGE

X

Applicant's Signature

Disclosure to Applicant given pursuant to the Fair Credit Reporting Act: You are hereby notified that an investigation consumer report MAY be obtained by the Company. You may request in writing from the company disclosure of the nature and scope of such report if obtained. **AGREEMENTS…**THE APPLICANT agrees that the application contains a full and true description and statement of the condition, situation, value, encumbrance, occupancy and title of the property proposed to be insured, and agrees to notify the company of any change therein. **PROXY STATEMENT:** Upon policy being issued hereon, THE APPLICANT, as a policyholder of Magnolia Evans Mutual Insurance Company and Rockford Mutual Insurance Company does hereby appoint the Proxy Committee of such company(s), as his lawful representative for the term of the policy herein applied for, or until such power is revoked in writing, to vote his proxy at any and all meetings in which the undersigned is not represented in person.

X
Producer's Signature Date

X
Applicant's Signature Date