



Mid Valley General Agency LLC  
 3400 State Street #G-740, Salem, OR 97301  
 Phone: 888-565-7001 ♦ Fax: 888-265-7353  
 www.midvalleyga.com

## Homeowner Application

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Agency Code: \_\_\_\_\_

### PROPOSED EFFECTIVE DATES:

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant

### General Information:

Billing Method:  Insured  Mortgagee  Agent  
 Type of Submission:  New Business  Renewal  Rewrite Previous Policy No.: \_\_\_\_\_  
 Requested Coverages:  HO-3  HO-4  HO-6  HO-8  HO-A (TX Only)  
 HO-B (TX Only)  HO-BT (TX Only)  HO-B-CON (TX Only)  
 Occupancy:  Owner/Principal Residence  Owner Seasonal/Secondary Residence No. of months occupied: \_\_\_\_\_  
 Deductible Amount: All Perils \_\_\_\_\_ Wind and Hail: \$ \_\_\_\_\_ / \_\_\_\_\_ %  
 Wind Excluded.....  Yes  No  
 If yes, explain: \_\_\_\_\_

Location Address:  Same as mailing address

Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Coverage Information:

Year built: \_\_\_\_\_  
 Square footage: \_\_\_\_\_  
 Cost per square foot: \$ \_\_\_\_\_  
 Number of families: \_\_\_\_\_  
 Number of stories: \_\_\_\_\_  
 Type of roof: \_\_\_\_\_  
 Territory number: \_\_\_\_\_  
 Protection class: \_\_\_\_\_  
 Miles from fire department: \_\_\_\_\_  
 Feet from hydrant: \_\_\_\_\_  
 Fire district or town: \_\_\_\_\_

Construction:  
 Frame  
 Masonry  
 EIFS/Stucco  
 Log  
 (  hand hewn  milled )  
 Brick Veneer (TX only)  
 Mobile Home (TX only)  
 Other: \_\_\_\_\_

Wood stove? .....  Yes  No  
 Wood stove primary source of heat? .....  Yes  No  
 Submit two photos of wood stove along with Wood Stove Questionnaire (UTX-QUES-304)

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**Protection Classes 9 & 10 Questionnaire:**

Central station fire and burglar alarm system installed and monitored? .....  Yes  No

If yes, explain: \_\_\_\_\_

Name of responding fire department: \_\_\_\_\_

Paid       Volunteer

Response time: \_\_\_\_\_ No. of pumpers: \_\_\_\_\_ No. of tankers: \_\_\_\_\_

Roads paved and accessible year round? .....  Yes  No

Physical barriers: \_\_\_\_\_

Public hydrant within 1,000 feet from dwelling? .....  Yes  No

If no, describe water source: \_\_\_\_\_

Water source distance, in miles, from dwelling: \_\_\_\_\_

Water source accessible by fire department year round? .....  Yes  No

Full or live-in employees       Dwelling occupied daily

Comments: \_\_\_\_\_

**Coverage Limit Information**

Property Coverage	Limits	Liability Coverage	Limits
Dwelling	\$	<input type="checkbox"/> Personal Liability <input type="checkbox"/> Premises Liability	\$
Other structures	\$	Home day care (No. of children _____ [5 max])	\$
Personal property	\$	Medical payments	\$ Per person
Loss of use	\$	<b>In home business:</b>	
Theft by burglary (above \$5,000 where applicable)	\$	Business property	\$
Satellite/antenna	\$	Liability aggregate (policy maximum)	\$

**Replacement cost coverage:** Dwelling?  Yes  No    Contents?  Yes  No

**Additional Interests—Mortgagee/Loss Payees**

**Interest No. 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Loan No.: \_\_\_\_\_

Type of Interest: \_\_\_\_\_

**Interest No. 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Loan No.: \_\_\_\_\_

Type of Interest: \_\_\_\_\_

**Additional Requested Coverages** (check box if applicable):

ERC (Extended Replacement Cost)

Water backup  
Limit: \_\_\_\_\_

Identity fraud

Mine subsidence (where applicable)

Tenant relocation (MA only)

Workers' compensation (CA only)  
No. of in-servants: \_\_\_\_\_  
No. of out-servants: \_\_\_\_\_

Earthquake (if applicable)  
Zone: \_\_\_\_\_  
Earthquake additional living expense limit: \$ \_\_\_\_\_  
Earthquake contents limit: \$ \_\_\_\_\_  
Earthquake deductible: \$ \_\_\_\_\_

Reconstruction costs (CA only)

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**Miscellaneous Information** (check box if applicable):

- Claim free renewal credit (where applicable)
- Fire alarm..... Central  Local
- Burglar alarm ..... Central  Local
- Senior citizen credit (where applicable)

Distance to coastal waters:

Feet: \_\_\_\_\_ Miles: \_\_\_\_\_ Zone: \_\_\_\_\_

**Previous Insurance Carrier and Loss History Information:**

Previous/current carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

If no previous carrier, give reason(s) (not applicable in Missouri or California): \_\_\_\_\_

Has any company canceled or refused coverage to the applicant (not applicable in Missouri or California)?  Yes  No

If yes, give reason(s): \_\_\_\_\_

Any losses at this location or any other location owned/rented within the last three years? .....  Yes  No

If yes, please provide the information requested below:

Date of Loss	Claim Type—Description of Loss	Amount Paid	Amount Reserved	Open/ Closed

**Additional Information:**

Bankruptcy or foreclosure proceedings filed?.....  Yes  No

Reason: \_\_\_\_\_

Open  Closed Date closed: \_\_\_\_\_

Applicant delinquent on mortgage or tax payments?.....  Yes  No

Has anyone with a financial interest in the property been convicted of fraud, arson or other crime related to any loss on any property during the past five years? .....  Yes  No

Swimming pool, hot tub or spa on premises? .....  Yes  No

Pool fenced? .....  Yes  No

Automatic locking gate? .....  Yes  No

Steps have secured handrails? .....  Yes  No

Any lake, pond or dock on premises? .....  Yes  No

Trampoline on premises?.....  Yes  No

Is the dwelling set on land in excess of five acres? .....  Yes  No

Number of acres: \_\_\_\_\_ Acreage usage: \_\_\_\_\_

Are animals kept on premises?.....  Yes  No

If yes, list all:

Animal breed: \_\_\_\_\_ Number: \_\_\_\_\_

Bite history? .....  Yes  No

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Animal breed: \_\_\_\_\_ Number: \_\_\_\_\_

Bite history? .....  Yes  No

Other: \_\_\_\_\_

Business on premise? .....  Yes  No

Type of business (include Day Care): \_\_\_\_\_

Other structures (garages, shed, etc.) on premise? .....  Yes  No

If yes, describe: \_\_\_\_\_

Modular or farm dwelling? .....  Yes  No

Existing fire, water or structural damage? .....  Yes  No

Working smoke detectors on premise? .....  Yes  No

Brush or landslide exposure? .....  Yes  No

Dwelling or structures built on stilts? .....  Yes  No

Provide year of building updates:

Wiring: Year: \_\_\_\_\_  Partial  Full Type:  Knob or Tube  Fuses  Circuit Breakers

Plumbing: Year: \_\_\_\_\_  Partial  Full

Roofing: Year: \_\_\_\_\_  Partial  Full Type: \_\_\_\_\_

Heating & Air Conditioning: Year: \_\_\_\_\_  Partial  Full Type: \_\_\_\_\_

Hurricane straps (Florida only)? .....  Yes  No

Property been seen by agent? .....  Yes  No

If yes, date agent last inspected property: \_\_\_\_\_

**Additional Applicant Information:**

Applicant's occupation: \_\_\_\_\_ Co-Applicant's occupation: \_\_\_\_\_

Previous address (if less than three years): \_\_\_\_\_

(Street, City, County, State, Zip)

Applicant's phone number: \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Additional Requirements:**

Photos of front and back of dwelling are **required**.

**Submit additional photo if:**

Wood/coal/pellet stove

Day Care facility and play area

Fenced pool, hot tub or spa

**Submit questionnaire form if:**

Wood/coal/pellet stove

**Notice of Insurance Information Practices:**

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

**Application must be fully completed, signed and have required photos attached.**

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**NOTICES, FRAUD WARNINGS AND ATTESTATION**

**PRIVACY POLICY:**

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

**FAIR CREDIT REPORTING ACT NOTICE:**

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)