



Mid Valley General Agency LLC  
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## DWELLING FIRE APPLICATION

							Date:	
Agency Name:				Applicant's Name:				
Address:				Mailing Address:				
Phone:		Fax:		City:		State:	Zip:	County:
E-mail:				E-mail:				
Code:		Subcode:		Phone No.:		Bus. Phone No.:		
Agency Customer ID:				Effective Date:		Expiration Date:		
<b>APPLICANT INFORMATION</b>								
Previous Address (if less than three years)      Years at Previous Address:				Location of property if different from above (attach Additional Location Supplemental Application, if necessary):				
Street:				Street:				
City:		State:	Zip:	City:		State:	Zip:	County:
Applicant's Occupation (State nature of business if self-employed):			Marital Status	DOB	Applicant's Employer Name and Address:			
Co-Applicant's Occupation (State nature of business if self-employed):			Marital Status	DOB	Co-Applicant's Employer Name and Address:			
<b>COVERAGES/LIMITS OF LIABILITY</b>							<b>PREMIUM</b>	
Policy Type	Dwelling	Other Structures	Personal Property	ALE/Fair Rental Value	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium:	\$
	\$	\$	\$	\$	\$	\$	Deposit:	\$
							Balance:	\$
PERILS: <input type="checkbox"/> Fire <input type="checkbox"/> EC <input type="checkbox"/> VMM								
Deductible Type & Amount (%/\$)		<input type="checkbox"/> All perils:		<input type="checkbox"/> Wind & Hail:		<input type="checkbox"/> Named Storm:		<input type="checkbox"/> Other:
<b>ENDORSEMENTS/ADDITIONAL COVERAGES</b>								
<input type="checkbox"/> Replacement Cost Dwelling		<input type="checkbox"/> Residence Burglary: \$		<input type="checkbox"/> Workers Comp (CA & NY - Primary Owner Only)		<input type="checkbox"/> Other:		
<input type="checkbox"/> Personal Injury (Primary Owner Only)		<input type="checkbox"/> Earthquake Zone:		<input type="checkbox"/> Tenant Relocation (MA only)				
<b>PAYMENT PLAN</b>								
Billing: <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Agency Bill								

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RATING/UNDERWRITING													
Year Built	Purchase Date	Construction Type			Structure Type		Usage Type		Occupancy		No. Stories	Windstorm Loss Mitigation Features	
Square Feet	Replacement Cost \$	<input type="checkbox"/> Frame	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Owner	No. Families	No. H/H Residents	<input type="checkbox"/> Hurricane Straps		
	Market Value \$	<input type="checkbox"/> Masonry	<input type="checkbox"/> EIFS	<input type="checkbox"/> Apartment	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Vacation Rental	<input type="checkbox"/> Unoccupied			<input type="checkbox"/> Tenant		<input type="checkbox"/> Hurricane Shutters
		<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Log Home	<input type="checkbox"/> Condo	<input type="checkbox"/> Co-op	<input type="checkbox"/> Farm	<input type="checkbox"/> COC/Reno	<input type="checkbox"/> No. Weeks Rented:	<input type="checkbox"/> Vacant	<input type="checkbox"/> No. of Months:	<input type="checkbox"/> HIP Roof	<input type="checkbox"/> Impact Resistant Glass	
Territory Code	Protection Class		Distance To		Protection Device Type			Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts					
			Hydrant	Fire Station	System	Smoke	Temp	Burglar	<input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors				
			ft.	mi.	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial				
Fire District/Code No.:			/		Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool:..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide				
Updates	Partial	Complete	Year	Details									
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers:..... <input type="checkbox"/> Yes <input type="checkbox"/> No				Fuses:..... <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of Amps:.....			
				Aluminum:..... <input type="checkbox"/> Yes <input type="checkbox"/> No				Knob & Tube:..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____ Any known leaks?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
Heating	<input type="checkbox"/>	<input type="checkbox"/>		Primary: _____ Secondary: _____ <input type="checkbox"/> None Wood Stove?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Portable Space Heaters?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		Roof Type/Material: _____ Condition of Roof: _____ Any known leaks?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Exclude Roof?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
LOSS HISTORY													
Any losses, whether or not paid by insurance, in the last three years, at this or any other location?..... <input type="checkbox"/> Yes <input type="checkbox"/> No													
If "Yes," indicate below:													
DATE	TYPE	DESCRIPTION OF LOSS						AMOUNT PAID/RESERVED	OPEN/CLOSED				
								\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed				
								\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed				
								\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed				
PRIOR/CURRENT COVERAGE													
Prior carrier/Current carrier:						Policy number:			Expiration date:				
If lapse or no prior coverage, provide explanation:													



**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. 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 Nationwide company 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**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)