

PERSONAL UNDERWRITING QUESTIONNAIRE SELECT CO: BARTON CAPE OWENSVILLE

NAMED INSURED(S): _____

(State names as listed on policy.)

NOTICE: Failure to answer the following questions truthfully and accurately could result in the voidance of any issued policy.

WELCOME TO THE BARTON GROUP! In order to assure our members that we are building a sound membership, we ask you to complete the following. ANSWER FOR BOTH HUSBAND AND WIFE if you are married. If others have an interest and are to be named on the policy, they should complete a separate form.

LEAVE NO QUESTION BLANK!

1. Insured's Name: _____ Social Security Number: _____
 Spouse's Name: _____ Social Security Number: _____
 If no spouse, please state so: _____

2. Purchase price of property: \$ _____ Date of purchase: _____
 Total number of acres: _____

3. Your ownership: Warranty deed Life Estate Contract for Sale Title Other (explain) _____

4. Is the property to be insured for sale? Yes No Asking Price: \$ _____

5. State your previous agent's name and location. (If this is a newly purchased rental or seasonal, please state current agent on your primary residence.) _____

6. Please complete the following real estate mortgages on covered property:

MORTGAGEE NAME:	BEGINNING BALANCE	PRESENT BALANCE	MONTHLY PAYMENT	CURRENT: Y/N
2.				

7. Have you, or any member of your household been sued on a delinquent account or note? Yes No

8. Do you have, or intend to have, any other insurance on this property? Yes No

9. Have you or any member of your family/household been convicted of or plead guilty to arson? Yes No

10. Have you or any member of your family/household been convicted of or plead guilty to a felony? Yes No

11. Have you or any member of your family/household filed bankruptcy within the last 10 years? Yes No

12. Are you delinquent on any accounts at present? Yes No

13. Your age(s): _____ How many dependents (count yourself): _____

14. **Husband's employer:** _____

Specific Duties: _____ # years at job: _____

Wife's employer: _____

Specific Duties: _____ # years at job: _____

15. If either employed less than 3 years, give complete 5 year employment history in "remarks" area on back:

16. If not employed, state your source of income (not necessary if over 65): _____

17. Check **all** that apply: 1st marriage 2nd marriage 3rd or more marriage Widowed Single Divorced Separated

18. If you are not married or are separated, is there any other adult living in the household? Yes No

How long have you lived at your current residence? _____ years. If less than 5 years, state your previous location _____

20. Are you delinquent on real estate taxes? Yes No

21. Have you been without property insurance in the last six months? Yes No

22. **LOSS HISTORY:**

Recent Losses: For past 3 years, list ALL LOSSES (except auto and health) you reported to an insurer. If no losses, state **None**. (N/A is not an acceptable answer.)

DATE	CAUSE	ITEM(S) DAMAGED	AMT RECEIVED	AGENCY, COMPANY

23. **PAST LOSSES:** List any loss over \$5,000 due to fire, lightning, theft, and vandalism that you suffered in the past 15 years. If no losses, state **None**. (N/A is not an acceptable answer.)

DATE	CAUSE	ITEM(S) DAMAGED	AMT RECEIVED	AGENCY, COMPANY

REMARKS (Explain any YES answers given - Attach Additional Sheet if Necessary)

I/WE, THE UNDERSIGNED, AFFIRM THAT (a) the statements on this document, the attached Coverage Document and any supplemental coverage documents are warrants of fact and condition and not mere representations, that all Named Insureds and spouses are considered jointly insured and any act or omission by one, whether herein or during a claim, is applicable to all; (b) these documents are given in consideration of a policy of insurance and will become a part of the policy if issued; (c) any modification to this submission will be deemed accepted by me upon receipt of the policy by me or my agent unless I reject the modification within 10 days; (d) if an issued policy is renewed or another policy issued, these warrants will remain valid and a part of the renewed or other policy, even if this policy is cancelled; (e) we may investigate you or any Named Insured or spouses, for insurability and during any claim presented under this policy. This may include credit reports, liens, and other public records, and character and reputation evaluations, as well as on-site examination of the insured premises.

_____ Date

_____ Signature of Applicant

* **BANKRUPTCY OR BAD CREDIT:** Questions 11 through 23 will determine acceptability.

AGENT COMPLETE THE FOLLOWING:

- The applicant completed this document in his own hand.
- I completed this document after asking the applicant each question.
- This document was returned to me by mail, completed as shown.

I have known the applicant for _____ years.

_____ Date

_____ Agent Signature

_____ ID No.