



UMIALIK INSURANCE COMPANY
HOMEOWNER APPLICATION

APPLICANT'S NAME AND MAILING ADDRESS (Include County & Zip)			DATE (MM / DD / YY)	
LOCATION OF PREMISES IF DIFFERENT FROM ABOVE (Include County & Zip)			PRODUCER	
EFFECTIVE DATE (MM / DD / YY)	EXPIRATION DATE (MM / DD / YY)	TELEPHONE NUMBER	POLICY #	CODE

APPLICANT INFORMATION			
OCCUPATION	APPLICANT'S EMPLOYER NAME & ADDRESS	YEARS W/ CURR EMPL.	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME & ADDRESS	YEARS W/ CURR EMPL.	SOCIAL SECURITY #

MORTGAGEE		
MORT. #1	NAME / ADDRESS / ZIP CODE	LOAN NUMBER
MORT. #2	NAME / ADDRESS / ZIP CODE	LOAN NUMBER

COVERAGES / LIMIT OF LIABILITY						DEDUCTIBLE		
FORM	A. DWELLING	B. OTHER STRUCTURE	C. PERSONAL PROP.	D. LOSS OF USE	E. PERS. LIABILITY	F. MED. PAY	\$	ALL PERIL
							\$	WIND/HAIL
							\$	THEFT

ENDORSEMENTS							PREMIUM: \$
ENTER ENDORSEMENT NAME AND LIMIT							◀

PAYMENT PLAN	
	DOWN PAYMENT

RATING / GENERAL INFORMATION													
CONSTRUCTION	YEAR BUILT	SQUARE FOOT TOTAL	# FAMILIES	# ROOMS	MARKET VALUE	REPLACEMENT COST	RESIDENCE TYPE						
OCCUPANCY	PROT. CLASS	TERR. CODE	DIST. TO HYDRANT	DIST. TO FIRE STATION	# APTS.	OCC. DAILY	VISIBLE TO NEIGHBORS	HEAT TYPE	SECONDARY HEAT	RENOVATION UPDATE			
			(IN FEET)	(IN MILES)						TYPE	PART	FULL	YR.
ROOF MATERIAL	OCCUPIED BY			PROTECTIVE DEVICES									
										WIRING			
										PLUMBING			
										HEATING			
										ROOFING			
FIRE DISTRICT				PRIOR CARRIER (If none - Why?)					NUMBER OF YEARS WITH AGENCY				

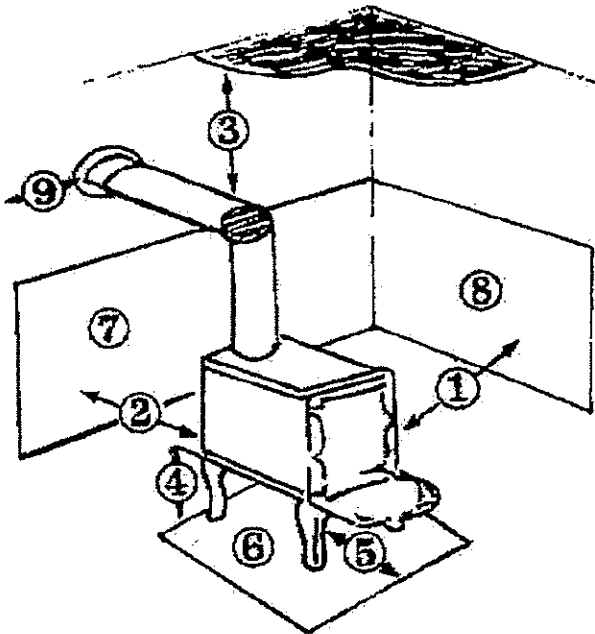
HOMEOWNER APPLICATION, cont

GENERAL INFORMATION (cont.)					
EXPLAIN ALL "YES" RESPONSES IN REMARKS (Below)	YES	NO		YES	NO
1. Any business conducted on premises (including day/child care) ?			11. Any farming conducted on premises?		
2. Full time residence employees?			12. Is property situated on more than 5 acres? (If yes, describe use)		
3. Any flooding/brush hazard / landslide, etc?			13. Has applicant had a foreclosure, repossession or bankruptcy in the last five years?		
4. Any other residence owned, occupied or rented?			14. Is house for sale?		
5. Any other insurance with company? (list policy no.)			15. During the last five years, has any applicant been convicted of any felony or any degree of the crime of arson?		
6. Has insurance transferred within agency?			16. Was the structure originally built for other than a private residence and then converted?		
7. Any insurance declined, cancelled, or non-renewed?			17. Is the building under construction or renovation?		
8. Any pets / animals? (Specify type / breed)			18. If a fuel oil tank is on premises, has other insurance been obtained for the tank (Give First Party and limit, and Third party and limit)		
9. Is there a trampoline?			19. Is the property within 300 feet of a commercial or non-residential property?		
10. Is there a swimming pool?					
REMARKS					
LOSS HISTORY					
DATE (MM / DD / YY)	TYPE	DESCRIPTION OF LOSS	AMOUNT		
BINDER / SIGNATURE					
<p>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. 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</p>					
APPLICANT'S SIGNATURE		DATE (MM / DD / YY)	PRODUCER'S SIGNATURE		

WOODSTOVE/FIREPLACE AND PELLET STOVE APPLICATION

1. Chimney type: All Masonry _____ Masonry and/or steel _____ (If steel, chimney is: single wall _____ double wall _____). Please note that if this is an all masonry chimney (without steel insert) that the State Fire Marshall's office reports they have had absolutely no problems with them. Simply notify us of the balance of the report need not be filled.
2. Brand name of Stove: _____ Type of unit: airtight _____ non-airtight _____ open _____
3. Stove construction : cast iron _____ steel _____ sheet metal _____ Fuel Type used _____
4. Is Stove U.L. approved? Yes _____ No _____
5. Stove is used for: Primary heat _____ auxiliary heat _____ occasional use _____. Stove is used approx. _____ days per month.
6. Wood stove installation was part of original home/mobile home construction? Yes _____ No _____.
Date of installation _____ Stove installed by owner _____ Licensed contractor (Name) _____
Other (explain) _____
7. Stove/Chimney installation has been inspected and approved by city, borough, or fire department representatives?
Yes _____ No _____ Inspection date: _____
8. How often is chimney inspected for creosote buildup? _____ By whom? _____
9. How often do you hire professional maintenance and/or cleaning service of your stove and chimney? _____
Date of last service: _____
10. Mobile homes only. Stove approved for use in mobile homes? Yes _____ No _____

UNIT CLEARANCE AND FIRE PROTECTION (COMPLETE ALL BLANKS)



1. Side of unit to nearest wall is _____ inches.
 2. Rear of unit or chimney to wall is _____ inches (whichever is closest).
 3. Top of stovepipe to ceiling is _____ inches (n/a if stove top passes through ceiling).
 4. Bottom of unit to floor is _____ inches.
 5. Front of unit to front edge of pad or floor protection is _____ inches.
 6. Protective floor covering material below stove _____
 7. Protective wall cover material behind/beside stove _____
 8. Is there at least 2" clearance from any combustibles where insulated chimney goes through wall, ceiling, or roof? Yes _____ No _____
 9. Is there at least 3 to 4 inches clearance from any insulation which is around insulated chimney pipe? Note that certain insulations burn or break down through continued exposure to heat, and certain fireproof insulations such as rock wool, if tightly packed, will transfer heat combustibles and cause combustion.
Yes _____ No _____
- Do you have a fire extinguisher? _____
Do you have chimney cleaning equipment? _____
Do you have smoke alarms? _____

CONSENT TO INSPECT

Home Phone: _____

Work _____

Signed: _____

Date: _____

Name: _____ Policy#: _____