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## Farmers Mutual Fire Insurance Company of Okarche, Oklahoma

No.\_

PROPERTY (FIRE, E.C.) Al	PPLICATION	of Okarci	ic, Okianoi	па				Dist	. No	
Applicant_								( )		
Mailing Address	(Print Name)						( )	Home Phone No.		
Maining Address	Street	Town		Sta	te		Zip	_()	Work	Phone No.
		dwelling i	we have owner- occupied dwelling insured? Yes No			Have you inspected Premises? Yes No		Who Pays Premium?  Applicant Mortgagee Other		
Property in	1/4, Sec	_, Twp		_, Rge		, Co	)	, Sta	ate of Oklal	noma
Intown Property: Street at Lots and blocks NOT AC										
	own from a marked intersect				-	Tr: 1	D. C	D 6		
Town Class	Show dimensions of all building	on of Property gs,sq. footage NOT ACC	CEPTABLE	Theft	Snow Load	Kind Of Exter		Roof's Age	Cover	rage
1 2	<del></del>									
3										
5										
6										
7 8	4) 4									
9										
10		22								
11 12										
13										
14 15			_							
16	-	// //	9							
17			ZO,							
18		-1:0		<u> </u>						
20		<b>U</b>								
	isk deductible and no theft coverage l charges or discount shown below	<u> </u>				TOTA	<b>L</b>			
(* Composition (C) Wood Shingle							Amount	x Rate	=	Premium
Loss or damage to aluminum or ir covered for the perils enumerated	nsulated siding or roofing will not be in the Ext. Cov. Endorsement							X	=	
To Commence	Exp. Date							x	=	
New Bus.  Re	enewal Chg. C	ov.						X	=	
Name of Mortgagee								X	=	
Name of Mortgagee					- 7	_		X	=	
A 11							46	X	=	
Address							<del>''</del>	X	=	
Gir						$T_{\rm s}$		x	=	
City/State/Zip						9		x	=	
-								X	=	
Loan Number								X	= <	>
								x To	= < tal \$	>
Name of Second Mort	gagee		Less: Dec	luctible D	Discount_		x		/ <sub>0</sub> <	>
			Net Annu					$\preceq Z$	<u>s</u>	
Address			Calculate							
			Net	annual P		1	Decima			
City/State/Zip			Is Inspect	ion Fee i	÷ 12 ncluded in	_	□Yes	= No		
				60 Day ½		P.F.				
Loan Number		· · · · · · · · · · · · · · · · · · ·	Total Col	-	·- <i>-</i> ,				\$	
									<u> </u>	
Revised 10-10	-10 Agent Signature									

## Farmers Mutual Fire Insurance Company

## OKARCHE, OKLAHOMA

			,								
1. Occupation	2. Employed by		3. Social Security	No.	4. No. of Jobs last 5 Years						
5. Marital Status	6. If insured is single, divorced or separated, does he live alone? If "No" explain in remarks		7. Occupation of Spouse		8. Spouse's Social Security No.						
at this	10. List ALL prior addresses of past two years			11. Approximate value of all furniture and personal property	\$						
12. Any prior property losses at this or any previous location? If ves, list date, type o			declined, cancelled, to applicant or serve								
paid in remarks Yes No			es", explain in remar								
14. List name of previous insurance carrie	· · · — · —	e, please explain w	vhy)								
15. Was the dwelling built by a licensed contractor? Yes No 20. Do you own other dwellings, farms or business property?											
If "No", explain in remarks.		_	Yes (explain in re								
16. a. Was any portion of the construction	-	_	Do you have, or intend to have, any other insurance on this property?								
insured (including any wiring or supplem	ental heating unit)?	_	Yes (explain in remarks) No								
Yes (explain in remarks) No		_	22. Have you ever had property repossessed?								
b. If yes, was wiring done by a license	d electrician? Yes N	_	Yes (explain in remarks) No								
17. a. Purchase price of dwelling \$	Date	_	3. Have you ever been sued for debts or collections?  Yes (explain in remarks)  No								
b. If remodeled, list cost of remodel \$_		_			71119						
<ul><li>(do not include this amount in purchase</li><li>c. No. of acres included in purchase pr</li></ul>	• /	_	24. Have you ever filed Bankruptcy or Chapter XIII?  Yes No (If "Yes", explain reason for Bankruptcy in remarks)								
18. Date of purchase	ice		(Year Filed)								
19. Present Market Value \$			(TearTrice)								
25. Year Dwelling Built											
26. Central Heating System Yes No	Ventless Space Heate	er Yes No	Vented Space F	Ieater Yes No , O	ther						
27. Age of Heating System			-								
28. a. Wood Burning Stove Yes No b. Make and Model c. Professionally Installed?											
29. Are there any commercial operations i	nvolved on the premises other	r then farming?	Yes No								
30. Do you understand that this policy exc	eludes coverage on property in	nvolved in comme	rcial operations and a	any such usage other ther	n farming will void this policy in so far as the						
affected property is concerned?Yes											
31. a. Approximate value of ALL Jewelry											
b. Is any single item of Jewelry, Water											
If "Yes", give complete description, an	nd value										
32. Do you want hand tools and shop equi	pment? Yes No (IF YE	S, PLEASE SPE	CIFY AMOUNT OF	F COVERAGE ON FRO	ONT OF APPLICATION, LINE 6)						
a. List approximate value of ALL hand	d tools and shop equipment \$_										
b. Itemize any hand tools valued at \$1	00 or more, with their values_										
c. What are hand tools used for other t	0										
made are true and I request the Company to issue will be effective on the date applied for only after requirements of the bylaws of the Company and I hereby declare that I am the OWNER of the probased on these facts. I understand that any materi	the insurance offered by the Comp r this application, with premium du- resolutions and directives of the Bo perty and that the statements on bo	pany for the amounts are thereon, is received pard of Directors. oth sides of this appli- nay void coverage. It	set forth. I understand t d and approved by the C cation are true and reque authorize that the credit	hat the agent can not bind the ompany at its Home Office. I est the Company to issue the rating of all named insured m	insurance applied for in reliance thereon and at rates and by checked with an appropriate Credit Bureau.						
Applicant's Signature				Agent's Signature	Date						
Other Contact Per	son and Phone Number										
	AGENT		E THE FOLI	LOWING							
The applicant completed this document in hi	s/her own hand	Remarks:									
I completed this document after asking the a	applicant each question										
I have known the applicant for	years.										
I have written insurance for the applicant for	years.										