



RPS-MIS
 1108 S 322nd PL
 Federal Way, WA 98003
 1-800-247-5851, (253) 941-4099
 Fax 1-877-329-9647, (253) 941-4815
www.rpsins.com

Agent Code: _____

SURPLUS LINES DWELLING APPLICATION

Desired Effective Date: _____ ****Check Term for Vacant Only:** Three (3) Month or Six (6) Month Term
 (1 year term for Owner/Rental/Seasonal risks; 3 or 6 months for Vacant risks**)

Name of Applicant: _____ Phone No. _____

Indicate legal owner of risk if not the same as Applicant: _____

Applicants Mailing Address: _____
 Number, Street, City, State, Zip, County

Location of Dwelling to be insured: _____
 (If different than mailing address)

Bill Mortgagee Bill Insured (down payment must accompany app.)

Mortgagee/Lienholder . Contract Seller . Additional Interest . Loan Number(s): _____

#1) Name: _____

Address: _____

#2) Name: _____

Address: _____

Year Built: _____ Number of family units: _____ Square footage: _____ Square footage of the living area only: _____
 Number of Stories: _____ Number of bathrooms: _____ Any upgrades (ie; ceramic tile, hardwood floors, etc): _____
 Construction Type: . Frame (wood siding) . Masonry . Mobile/Modular Home . Log * . Other: _____
*(hand hewn or factory milled)

Protection Class: _____ **Foundation:** Slab (continuous concrete) Crawlspace Basement -()% Finished
 Any attached structures? Give description: _____ Square footage of attached structure: _____

Primary heating method _____ Fuel _____

Electrical: . fuses . circuit breakers . Other _____

Supplemental Heat: Woodstove: . Yes . No If yes, is this the primary source of heat? . Yes . No -Type of chimney: _____
 If Yes, indicate type of supplemental heat: . woodstove . pellet stove . fireplace insert

Is dwelling continuously occupied? . Yes . No Is dwelling currently occupied? . Yes . No

Is dwelling occupied by:

. Owner/Primary . Owner/Seasonal* . Renter . Renter/Seasonal* **No of people living in the home:** _____ . Vacant**

*If Seasonal, will the dwelling be occupied for living purposes at least one (1) full day out of each 90 day period? . Yes . No

*If Seasonal, will the dwelling be rented? . Yes . No

**Why is the property Vacant? _____

**Explain reason occupancy can be expected in the near future _____

****Check Deductible desired:** \$250 (not available for Vacant risks) \$500 \$1,000 \$2,500

(Higher deductibles may be applied to primary, secondary/seasonal and vacant homes with no credit at the Underwriters discretion.)

<u>AMOUNT</u>	<u>PREMIUM</u>
\$ _____ On Dwelling Building	\$ _____
\$ _____ On Adjacent Structures/Outbuildings	
\$ _____ On Contents/Personal Property	
\$ _____ On Liability	\$ _____
\$ _____ On Burglary	\$ _____
DP3 Coverage – (Photos required to quote with this coverage)	Subtotal (Minimum Premium \$300.00)** \$
	Policy Fee (Does not apply to MT) \$ 50.00
**(Minimum premium does not apply to Vacant homes)	State Taxes \$
Seasonal Deductible: \$250 all losses, except \$500 for VMM	Fire Marshall Fee \$
***Max combined limit is \$300,000	SLSC Tax \$
Owner/Rentals \$250, credits avail. for higher deductibles	Total \$
(Full premium due on Vacant homes) (Downpayment+policy fee+taxes/fees=Amount remitted)	\$

Coverage: Fire, Extended Coverage and Vandalism & MM* (VMM. Excludes damage caused by the Owner, Tenant or Guest)

****If Vacant.** The EARLIEST DATE on which the property became vacant was _____

Occupation of Applicant: _____ Employer: _____

Spouse: _____ Employer: _____

Have you been convicted of a crime in the last 7 years? ____ Yes ____ No If yes, please explain _____

Any business on premises this includes any volunteer organizations, churches, profit or non-profit? Yes* No If yes, explain _____

***Please note: Any outbuilding used in whole or part for commercial manufacturing or farming business is not covered.**

Does applicant own any animal(s)? . Yes . No **This policy does not provide liability coverage for any type of animal.**

Prior insurance carrier: _____ Policy No.: _____ - if none, please explain _____

Has insurance been canceled, non-renewed or refused in the past three years? . Yes . No If yes, explain _____

Has risk sustained any losses in past 5 years? . Yes . No If yes, provide location, cause, date and amount of loss: _____

Coverage will become effective, **if accepted**, upon written notice by RPS-MIS and coverage will not commence earlier than the date received in the office of RPS-MIS.

Applicant/Producer Statement: I hereby state I have been unable to produce the above requested coverage from standard insurers. I request RPS-MIS to effect coverage and I will be responsible for payment of premium, fees and taxes. I understand coverage will not be effective until accepted by RPS-MIS and flat cancellations are not permitted. **I warrant all above answers to be true and understand coverage, if accepted, will become void at any time the covered property has been *vacant or unoccupied for more than 30 days:**

Applicant's Signature

Date

Producer's Signature

Date

***Thirty (30) day vacancy clause does not apply to risks written in the Vacant or Seasonal/Secondary Programs.**

PLEASE NOTE: Three month vacant policies have a fully earned premium. Six month vacant policies have a 50% minimum earned premium.

Producer Code: _____ Producer's E-mail Address: _____

Producer _____

Address _____

Phone No _____ Fax No _____

AGENTS: A completed Surplus Lines Statement (Due Diligence) must accompany the application if required for your State. The Required States are: Arizona, Idaho, Montana, Nevada, New Mexico & Oregon

Photos of the front & back of the risk are required for any risk over \$100,000 in value, any risk written with \$300,000 Liability & any risk written with DP3 Coverage.