

INSURANCE APPLICATION

STATE NATIONAL INSURANCE COMPANY, INC.

APPLICATION DETAIL

Effective / Expiration Date

Policy Number

Date

[MM/DD/YYYY] – [MM/DD/YYYY]

12:01 AM Standard Time at the residence premises

AGENCY INFORMATION

Agency Number

Agency Name

Address

City, State

Zip Code

Phone Number

APPLICANT

Applicant Name

Primary Phone

Email Address

CO-APPLICANT INFORMATION

Co-Applicant Name

Primary Phone

Email Address

PROPERTY ADDRESS

Address

City, State

Zip Code

County

MAILING ADDRESS

Address

City, State

Zip Code

PREMIUM SUMMARY

Policy Premium:

Fees/Assessments:

Total Policy Charges:

BASIC COVERAGE LIMITS & PREMIUM

Coverage	Limit	Premium
Coverage A - Dwelling		\$
Coverage B – Other Structures		\$
Coverage C – Personal Property		\$
Coverage D – Loss of Use		\$
Coverage E – Personal Liability		\$
Coverage F – Medical Payments to Others		\$
Total Basic Premium:		\$

DEDUCTIBLE

Other Perils	<XX% of Coverage A >/<\$XXXX>
Wind/Hail	<XX% of Coverage A >/<\$XXXX>
Hurricane	<XX% of Coverage A >/<\$XXXX>

OPTIONAL COVERAGES, DISCOUNTS, FEES, & SURCHARGES

Coverage Options and Endorsements

Limit

Premium \$

Discounts

Surcharges

Assessments and Fees

Total Policy Charges \$

PRIOR INSURANCE CARRIER

Carrier Name

Policy Number

Expiration Date

LOSS HISTORY

Date of Loss	Loss Description	Amount of Loss
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RISK INFORMATION

Replacement Cost	Dwelling Type
Year Built	Territory
Construction Type	Protection Class
Foundation Type	Usage Type
Roof Type	Occupancy
Roof Age	Family Units in Building
Roof Valuation	Supplemental Heating Device
Number of Stories	Insurance Score Group

PROTECTIVE DEVICES

Fire Alarm	Burglar Alarm
Automatic Sprinkler System	Secured Community
Water Protective Devices	

WIND MITIGATION

Roof Shape	Certificate of Compliance (WPI-8)
Hurricane Resistance Designation (IBHS)	Wind Opening Protection

ADDITIONAL INSURED(S)

Name & Address:	Name & Address:
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MORTGAGEE AND ADDITIONAL INTEREST(S)

Name & Address:	Name & Address:
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UNDERWRITING INFORMATION

- 1) Is residence located in a "A" or "V" series Flood Zone? <Yes/No>
 - 1a) Is there a current flood insurance policy covering the residence? <Yes/No>
- 2) Is any business or farming conducted on premises? <Yes/No>
- 3) Is a daycare located on premises? <Yes/No>
- 4) To the best of your knowledge, has the insured location ever had any sinkhole activity or any other earth movement, or has it ever experienced cracking, shifting, or bulging of a foundation, wall, or roof? <Yes/No>
- 5) Do you own any exotic, dangerous, or vicious animals? <Yes/No>
- 6) To the best of your knowledge, has there been any loss assessment or special assessment on the residence premises in the past 5 years? <Yes/No>

I have read and confirmed all of the conditions above. Yes/No

ORDINANCE OR LAW

Texas Law requires insurers to provide Ordinance or Law coverage on all Homeowners policies. You have the option to select Ordinance or Law coverage limits of 10% or 25% of Coverage A displayed on your declaration page.

Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes.

If you are interested in changing your coverage, return this signed form to your insurance agent whose name, address and telephone number appear on the policy declaration page.

Please read the two options below, check the statement that matches your coverage selection and sign your name where noted. If no selection is made, 10% Ordinance or Law coverage is provided.

I also understand that the selection below shall apply to future renewals of my policy.

I wish to select 10% Ordinance or Law coverage limit that is included in my policy and I reject the higher limit of 25%.

I wish to select 25% Ordinance or Law coverage limit and I reject the lower limit of 10%.

_____Applicant's Signature

_____Co-Applicant's Signature

FLOOD EXCLUDED

I hereby understand and agree that flood insurance is not provided under this policy written by State National Insurance Company, Inc ("State National"). "State National" will not cover my property for any loss caused by or resulting from flood waters.

I understand Flood Insurance may be purchased separately from a private flood Insurer or the National Flood Insurance Program ("NFIP").

If I make a claim for rising water entering my home and I have not purchased Flood Insurance separately from a private insurer or the "NFIP," I will have the burden of proving the damage was not caused by flood waters.

"State National" strongly recommends that property owners in "Special Flood Hazard Areas" (as defined by the "NFIP") obtain flood insurance.

_____Applicant's Signature

_____Co-Applicant's Signature

<ANIMAL LIABILITY EXCLUDED

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company will not pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep.

_____Applicants Initials>

<LIMITED WATER DAMAGE

I understand that for a reduced premium, the insurance policy for which I am applying limits coverage for water damage to \$10,000. This means that the company will not pay in excess of \$10,000 for loss caused by Water damage as described in the endorsement. Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations. Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.

_____Applicants Initials>

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit or other investigative report, maybe collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties with your authorization. Credit scoring information may be used to help determine either your eligibility for insurance with State National or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request.

_____Applicants Initials

BINDER STATEMENT

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy in use by this company as of the effective date of the policy. This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

APPLICANTS SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant's Statement

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is materially false or materially misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I acknowledge the company routinely requests consumer reports on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage.

I acknowledge that upon the company's review of pertinent information related to this application for insurance coverage; the decision to insure, as well as the quoted premium and terms, may be amended with appropriate notification.

Applicant's Signature _____ Date _____ Time _____

Co-Applicant's Signature _____ Date _____ Time _____

Agent's Signature

A copy of the application has been furnished to the applicant or insured and coverage is bound effective: Effective Date: _____ Time _____

Agent Signature: _____ License Number _____
Agent Signature

Agent Printed Name: _____