

# 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

<b>Policy Premium:</b>	<b>Fees/Assessments:</b>	<b>Total Policy Charges:</b>
------------------------	--------------------------	------------------------------

### BASIC COVERAGE LIMITS & PREMIUM

Coverage	Limit	Premium
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**

---

<b>Date of Loss</b>	<b>Loss Description</b>	<b>Amount of Loss</b>
---------------------	-------------------------	-----------------------

**RISK INFORMATION**

---

Replacement Cost  
Territory  
Insurance Score Group

**PROTECTIVE DEVICES**

---

Secured Community

**ADDITIONAL INSURED(S)**

---

Name & Address:	Name & Address:
-----------------	-----------------

**ADDITIONAL INTEREST(S)**

---

Name & Address:	Name & Address:
-----------------	-----------------

## **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

**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

**NOTICE OF INSURANCE INFORMATION PRACTICES**

Personal information about you, including information from a credit or other investigative report, may be 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: \_\_\_\_\_