

Something Something Insurance Company P O Box 5555 Athens, GA 30604-5555 Phone: 1-800-555-1212 FAX: 706-555-1212		Bob Loblaw Insurance Agency P O BOX 1908 Athens, GA 30603-0000 Phone: (706)555-1212 Fax: (706)555-1212	
<h1>Georgia Mutual Homeowners Application</h1>		Date (mm/dd/yyyy)	06/25/2008
		Policy / Quote #	H 1234567
		Effective Date	06/30/2008
		Expiration Date	06/30/2009

Applicant Information					
Name and Address		Previous Address (if less than 3 years)		Employer Name and Address	
George Bluth Sr. 123 Main St Newport Beach, CA 30000-0000		321 Minor St Balboa Island, CA 39999-9999		Bluth Company 123 Bluth Dr Newport Beach, CA 88893-3333	
Home Phone	(706)765-4321	Years at Curr Res	2	Occupation	CEO
Business Phone	(706)890-1234	Years at Prev Res	8	Years with Employer	30
Sex	Male	Date of Birth	5/15/1940	Employer Phone	(706)399-2879
Marital Status	Married	Social Security #	123-45-6789		

Co-Applicant Information					
Name	Lucille Bluth	Date of Birth	7/15/1941	Employer Name and Address	
Relationship	Co-Applicant	Social Security #	123-45-6789	N/A	
Sex	Female	Occupation	Homemaker		
Marital Status	Married	Years with Employer	39	Employer Phone	N/A

Coverage Information	
Program	Mutual Home
Form	HO-3
A. Dwelling	\$192,000
B. Other Structures	\$19,200
C. Personal Property	\$134,400
D. Loss of Use	\$38,400
E. Personal Liability	\$100,000
F. Medical Payments	\$1,000
Deductible	\$500
Wind/Hail Deductible	

Endorsements		
Coverage	Limit	Premium
Personal Property Replacement	N/A	\$78
Specified Additional Insurance	N/A	\$5
Scheduled Personal Property	\$9500	\$28

Premium	
Est Total Premium	\$422
Deposit	\$0
Balance	\$422
Payment Plan	One Pay
Bill To	First Mortgagee

Location Information			
Location of Property (if different from above)	Territory	40C	
123 Main St Atlanta, GA 30000-0000	Protection Class	2	
	Construction	Frame	
Within City Limits	Yes	Usage	Primary
Year Built	1995	Structure Type	Dwelling
Number of Stories	2	# of Families	1
Square Feet	2500	# of Fire Units	0
Fire Alarm	Local Alarm	Feet to Hydrant	Under 1000 Feet
Burglar Alarm	Central Station	Miles to Fire Dept	Within 5 Miles
Sprinkler System	Full	Name of Fire Dept	Clarke Co

Prior Coverage	
Prior Carrier	State Farm
Number of Years	10
Prior Policy Number	998398289
Expiration Date	6/25/2008

Additional Interests		
Type	Loan/Account Number	Name and Address
First Mortgagee	5468778955	Countrywide Home Loans ASAOA/ATIMA P O Box 961206 FTWX 22 Ft Worth, TX 76161-0000
Loss Payee	12357324	State of California 2339 Main St Sacramento, CA 87898-0000

Loss History		
Date	Amount	Description
4/17/2005	\$14,000	Sinkhole in the living room due to massive water leak. Pipes were not connected to infrastructure.

Vehicle Operators			
Name	Date of Birth	Driver's License #	Social Security #
Michael Bluth	1/31/1969	123456789	123-45-9876
Lindsay Bluth Funke	1/31/1966	123456780	123-45-9875
George Oscar Bluth	1/31/1964	654987878	123-45-5454

Watercraft									
Type	Year	Make	Model	Serial #	Length	Value	Horse Power	Property	Liability
Outboard Motor	1999	Honda	Seaward	1Z388P8787878	20 ft	\$5000	60	Yes	Yes
							Premium	\$27	\$14

General Information		
Question	Y / N	Description / Explanation
1. How long have you known the applicant?		3 years
2. Has this insurance been transferred within your agency?	No	
3. Has any policy been denied, cancelled, or non-renewed in the past 3 years? (If yes, explain.)	No	
4. Has any applicant had a foreclosure, repossession, bankruptcy, judgment, or lien during the past 5 years? (If yes, explain.)	No	
5. Has any applicant been indicted for or convicted of any degree of crime during the past 5 years? (If yes, explain.)	Yes	Embezzlement, Light Treason, 2004
6. Is there any farming or other business conducted on the premises, including day care, child care, or adult care? (If yes, describe.)	Yes	Home office for the Bluth Company. Residence is a Model Home.
7. Does the applicant own, occupy, or rent any other residence? (If yes, explain.)	Yes	Beach House in Cabo.
8. Does the applicant have any other insurance with the company? (If yes, list.)	No	
9. Are there any animals or pets kept on the premises? (If yes, continue.)	Yes	
9a. Describe the breed(s) of animals.		Doves
9b. Describe the bite history of animals.		None
10. Is the property situated on more than 5 acres? (If yes, continue.)	Yes	
10a. How many acres?		36
10b. Describe the use of this land.		Future site of a Bluth Company subdivision.
11. Is the home closer than 25 miles to coastal (tidal) water? (If yes, list distance to the coast.)	Yes	12 miles
12. Does any applicant have any watercraft or recreational vehicle exposure? (If yes, continue.)	Yes	

12a. Describe make and model.		Honda Seaward
12b. Describe use of vehicle.		Company Yacht
12c. List possible vehicle operators.		Lucille Bluth, George Oscar Bluth, Lindsay Bluth, Michael Bluth
13. Is the building under construction, re-construction or undergoing any renovation or reconstruction? (If yes, please answer the Dwelling Under Construction Supplemental Questions below.)	No	
14. Is the house for sale?	Yes	
15. Is there a swimming pool on premises? (If yes, continue.)	No	
15a. Is it fenced?		
15b. Does it have a high dive diving board (over 3 feet) or slide?		
16. Is there a trampoline on premises? (If yes continue.)	No	
16a. Is the trampoline in the rear yard?		
16b. Does the trampoline have all padding in place and a full safety net enclosure?		
17. Was the structure originally built for anything other than a private residence but later converted? (If yes, explain.)	No	
18. Please list the age of the home's roof.		4 years
19. Does the home have any heating method other than central heat? (If yes, describe and continue.)	Yes	Hot tub in the attic.
19a. Does the home have a woodburning stove? (If yes, please answer the woodburning stove supplemental questions below)	No	

Secondary Home Supplemental Questions

If the home is a "Secondary" Home, the following information is required.

Question	Y / N	Description / Explanation
1. Is the primary home insured by Southern Mutual? (If no, list the primary insurer and address.)		
2. How many days per month is the secondary home occupied?		
3. Is the secondary home ever unoccupied for more than 90 days? (If yes, describe.)		
4. Is there a person or firm managing this property? (If yes, describe.)		
5. Is the secondary home ever rented to others? (If yes, describe.)		

Dwelling Under Construction Supplemental Questions

If the application is for a Dwelling Under Construction, the following information is required.

Question	Y / N	Description / Explanation
1. Is the dwelling being constructed for the named insured's primary residence? (If no, describe.)		
2. What is the estimated date of completion?		
3. What is the name of the contractor or builder?		
4. Is the contractor or builder licensed and insured? (If no, require the following subcontractor information.)		
4a. Name of framing company. Licensed and insured?		
4b. Name of electrician. Licensed and insured?		
4c. Name of plumber. Licensed and insured?		
4d. Name of heating and A/C contractor. Licensed and insured?		

Log Home Supplemental Questions

If the Dwelling Type is listed as "Log" Home, the following information is required.

Question	Y / N	Description / Explanation
1. Was the dwelling built by a licensed contractor? (If no, describe.)		
2. Have the logs been treated for fire and / or insect resistance in the past 5 years?		
3. Are the exterior logs mill-hewn? (If no, describe.)		

Woodburning Stove Supplemental Questions

If the Heating Type is "Wood Stove" or there is a wood stove on the premises, the following information is required.

Question	Y / N	Description / Explanation
1. Is there a wood burning stove on premises? If yes, continue with the questions below:		
1a. List the brand name of woodstove.		
1b. Was the woodstove installed by contractor or insured?		
1c. List who has inspected the woodstove (i.e., fire department, building inspector, other, or none).		
1d. How often is the woodstove cleaned and inspected?		

Binder

Personal Information	<p>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 without your authorization.</p> <p>You have the right to review your personal information in our files and can request correction 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 to us.</p> <p>In connection with an application for Southern Mutual insurance, or with an existing Southern Mutual policy, we may review your credit report or obtain or use a credit based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. Credit scoring information may be used to determine your eligibility for insurance or the premium you will be charged.</p>
Fraudulent Statements	Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or who conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.
Policy Cancellation (South Carolina Only)	The insurer can cancel this policy for which you are applying within the first 90 days without cause. That is the insurer's choice. After the first 90 days, the insurer can only cancel this policy for reasons stated in the policy.
Applicant's Statement	I have read the above application and any attachments. I declare that the information in them is true, complete, and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Signature

Applicant's Signature	Date	Agent's Signature	Agency Number

Remarks

Scheduled Personal Property

- Musical Instruments - \$3500 - Native American Ceremonial drums
- Jewelry - Womens - \$5000 - Two diamond wedding bands, large collection of costume jewelry, diamond toe/promise ring
- Jewelry - Mens - \$1000 - Three gold wedding bands

Credits

- Select Subdivision
- Loss Free 3-8 Years