



## HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)  
2/16/2018

AGENCY	PHONE (A/C, No. Ext.) (540) 825-0494 FAX (A/C, No.) (540) 825-8299	APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP+4) George Russell Nelson		NAIC CODE	FACILITY CODE
ARMENTROUT INS. AGENCY, LTD P.O. BOX 1415 Culpeper, VA 22701		219 W. Asher Street Culpeper, VA 22701		POLICY #	
CODE: 0002	Yes No SUBCODE: 2	DATE AT CURR RES	CO/PLAN Loudoun Mutual/MGC	HOME PHONE #	DAY EVE
AGENCY CUSTOMER ID		EFFECTIVE DATE 2/23/18	EXPIRATION DATE 2/23/19	BUSINESS PHONE #	DAY EVE

APPLICANT INFORMATION							
PREVIOUS ADDRESS (if less than 3 years) 15 SUMMER ST. SO. DARTMOUTH MASS. 02748	YRS AT PREV ADDR 1	LOCATION OF PROPERTY IF DIFF FROM ABOVE (inc county & ZIP) 219 W. Asher Street, Town of Culpeper, Culpeper Co., VA 22701.					
APPLICANT'S OCCUPATION (State nature of business if self-employed) Retired	APPLICANT'S EMPLOYER NAME AND ADDRESS Is dwelling roof flat or low sloped in any section?	YEARS IN CURR OCC 1	YEARS W/ CURR EMP 1	YEARS W/ PRIOR EMP 0	MAR STAT S	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS Immediate plans to remodel or renovate?	YEARS IN CURR OCC	YEARS W/ CURR EMP	YEARS W/ PRIOR EMP	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT? Is dwelling currently occupied?		DATE AGENT LAST INSPECTED PROPERTY: 2/13/18					

COVERAGES/LIMITS OF LIABILITY							DED (Type & Amount)	
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY	MEDICAL PAYMENTS	<input checked="" type="checkbox"/> ALL PERIL	1,000
5	\$ 400,000	\$ 40,000	\$ 300,000	\$ 200,000	\$ 1,000,000	\$ 5,000	WIND/HAIL	
							THEFT	
							NAMED HURRICANE	

ENDORSEMENTS		PREMIUM		*Not Applicable in NC	
REPLACEMENT COST DWELLING	REPLACEMENT COST CONTENTS	EST TOTAL PREMIUM		1,158.00	
ENTER OTHER ENDORSEMENT (Applicant's Signature) Form 5, ML216(4% cr), EBEE, IRC, ML208, LM554		Co-Applicant's Signature		DEPOSIT	
Dwelling - to be occupied by applicant, frame/aluminum siding, metal roof, central heat & a/c - 2				BALANCE	

PAYMENT PLAN		ACORD 610 Attached (NOT APPLICABLE IN NC)		MAIL POLICY TO:	
ACCOUNT #	BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	<input checked="" type="checkbox"/> AGENT	
	<input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> BILL APPLICANT	<input checked="" type="checkbox"/> FULL PAY	<input type="checkbox"/> APPLICANT	
	AGENCY BILL	BILL MORTGAGEE	OTHER:	<input type="checkbox"/> OTHER	

RATING/UNDERWRITING										
<input checked="" type="checkbox"/> FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
<input type="checkbox"/> MASONRY	VINYL SIDING	SQ FT	# APTS	REPLACEMENT COST	<input checked="" type="checkbox"/> DWELLING	<input checked="" type="checkbox"/> PRIMARY	COC	1		
<input type="checkbox"/> MASONRY VENEER	ALUMINUM SIDING	2052			APART	SECONDARY	COMP. DATE:			
<input type="checkbox"/> FIRE RES					CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING		
5			5	FT	CENTRAL	Central		PLUMBING		
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER	DIRECT	LOCAL	HOUSEKEEPING CONDITION	Good	ROOFING		HEATING		
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED	EXTERIOR PAINT		
2/23/2018	200	YES	YES	NO	GOOD	NO	OPEN	ROOFING		
DWELLING LOCATION	OCCUPANCY	DEADBOLT	INDOORS	OUTDOORS	APPROVED FENCE DIVING BOARD SLIDE	ABOVE GROUND IN-GROUND	WINDSTORM LOSS MITIGATION FEATURES			
<input checked="" type="checkbox"/> WITHIN CITY LIMITS	<input checked="" type="checkbox"/> OWNER	<input checked="" type="checkbox"/> FIRE EXT VISIBLE TO NEIGHBORS	<input checked="" type="checkbox"/> ABOVE GROUND ON MASONRY FLOOR	<input type="checkbox"/> ABOVE GROUND NOT ON MASONRY FLOOR	<input type="checkbox"/> ABOVE GROUND BELOW GROUND	<input type="checkbox"/> ABOVE GROUND IN-GROUND				
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES		CLASS	YES		RESISTIVE	OTHER	Metal	Good	
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:		RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL		SPRINKLER		FIREPLACES (Enter Number)		
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	LIGHTNING PROTECTION		PARTIAL	CHIMNEYS	PRE-FAB WOOD STOVE INSERT		
SQ FT	SQ FT	SQ FT				FULL	HEARTH			



## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)		YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day child care)			X	14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND) HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			X
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			X	15. IS THERE A MANAGER ON THE PREMISES?			
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			X	16. IS THERE A SECURITY ATTENDANT?			
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			X	17. IS THE BUILDING ENTRANCE LOCKED?			
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			X	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			X
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			X	19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			X
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)			X	20. IS HOUSE FOR SALE?			X
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			X	21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			X
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			X	22. IS THERE A TRAMPOLINE ON THE PREMISES?			X
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?			X	23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?			X
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			X	24. ANY LEAD PAINT HAZARD?			X
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			X	25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)			X
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			X	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			X

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST YEARS, AT THIS OR AT ANY OTHER LOCATION?		YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
DATE	TYPE	DESCRIPTION OF LOSS					
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY: 2/23/18			
COVERAGES/LIMITS OF LIABILITY				DED (Type & Amount)			
PRIOR COVERAGE				CAT#			
PRIOR CARRIER				AMOUNT			
New to applicant				EXP. DATE			
ADDITIONAL INTEREST				LOAN NUMBER			
INT#				PREMIUM			
MORTG#				EST TOTAL PREMIUM			
NAME AND ADDRESS				None.			
REPLACEMENT COST DWELLING				REPLACEMENT COST CONTENTS			

REMARKS (Attach Additional Sheets if More Space is Required)		ATTACHMENTS	
ACORD 310 Attached (NOT APPLICABLE IN NC)		STATE SUPPLEMENT(S) (if applicable)	
		INLAND MARINE APPLICATION	
		REPLACEMENT COST ESTIMATE	
		PHOTOGRAPH	
		SOLID FUEL SUPPLEMENT	
		EARTHQUAKE APPLICATION	
		PROTECTION DEVICE CERTIFICATE	
		PERS EXCESS/UMBRELLA APP	
		RECREATIONAL VEHICLE APP	
		WATERCRAFT APPLICATION	
		LEAD FREE PAINT CERTIFICATION	
		HOME BASED BUSINESS SUPP	

BINDER/SIGNATURE		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
2/23/18	2/23/19	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.	
TIME	SIDE		
12:01 AM	NOON		
COVERAGE IS NOT BOUND			

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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. 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. ☐ COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR 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 (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED 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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	2/15/2018			

ACORD 80(2004/02)

PLEASE COMPLETE REVERSE SIDE

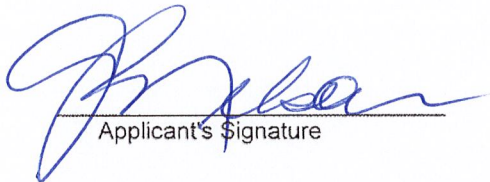
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GENERAL INFORMATION - Explain all yes answers under comments on reverse side.

Yes	No	
<u>      </u>	<u>X</u>	Any wood or coal burning stoves or space heaters used? If wood or coal stove, complete questionnaire and send pictures.
<u>X</u>	<u>      </u>	Are there any other structures on premises? List and describe all other structures. See below.
<u>      </u>	<u>X</u>	Are there any structures which should be excluded from coverage?
<u>      </u>	<u>X</u>	Is dwelling roof flat or low sloped in any section?
<u>      </u>	<u>X</u>	Is dwelling under construction or renovation or does insured have any immediate plans to remodel or renovate?
<u>      </u>	<u>X</u>	Is dwelling currently for sale or any immediate plans to sell?

Note: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

Dwelling - to be occupied by applicant, frame/aluminum siding, metal roof, central heat & a/c - 2 zones, 2 chimneys of brick laid flat from ground, 6x8x1, 27x4x1 covered front porch, 27x36x2, 15x12x1 screened porch/steps, frame deck.

Playhouse - approx. 15 yds. S of last, frame/vinyl siding, composition shingler roof, 6x10x1.