

<h2 style="text-align: center;">VIRGINIA DWELLING APPLICATION</h2> <p style="text-align: center;">PRINT OR TYPE ALL INFORMATION</p>	<p style="text-align: center;">CHECK PROGRAM APPLICABLE</p> <p style="text-align: center;"><input type="checkbox"/> FIRE & E.C. (55)</p> <hr/> <p>POLICY #: _____</p>	<p style="text-align: center;">GENERAL ASSURANCE OF AMERICA, INC.</p> <p style="text-align: center;">PO BOX 9469</p> <p style="text-align: center;">RICHMOND, VA 23228</p> <p style="text-align: center;">Ph one: (800) 296-9641 Fax: (804) 264-0251</p> <p>G.A.# _____ SUBAGENT # _____</p>
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APPLICANT/OWNER (Check box if additional Applicant/Owner is indicated in "Remarks" section on reverse side.)

NAME: _____	SOCIAL SECURITY NO.: _____	HOME PHONE: () _____	WORK PHONE: () _____
MAILING ADDRESS: _____	CITY: _____	COUNTY: _____	STATE: _____ ZIP: _____
LOCATION ADDRESS: (If different than mailing address) _____	CITY: _____	COUNTY: _____	STATE: _____ ZIP: _____
DATE OF BIRTH: _____	OCCUPATION: _____	EMPLOYER: _____	

LIENHOLDER (Check box if additional Lienholder is indicated in "Remarks" section on reverse side.)

NAME: _____	LOAN NUMBER: _____
MAILING ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____

PERIOD OF INSURANCE

EFFECTIVE DATE: FROM: _____ TO: _____ 12:01 A.M. STANDARD TIME

CURRENT PHOTO MUST ACCOMPANY APPLICATION

CLASSIFICATION	DESCRIPTION OF DWELLING			
1. Previous Carrier _____ Policy No.: _____ Expiration Date: _____ Reason For Changing Carriers: _____ If no previous carrier or a lapse in coverage, please explain why. _____	YEAR BUILT	CONSTRUCTION TYPE	DATE PURCHASED	PURCHASE PRICE
	# OF STORIES	# OF FAMILIES	AGE OF ROOF	TYPE/CONDITION OF ROOF
2. Woodstove? (If yes, complete inspection report, #A6000M0586 (R4/93)) <input type="checkbox"/> YES <input type="checkbox"/> NO If Primary Source Of Heat, Risk Is Ineligible!	HEATING: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Other		DATE UPDATED: _____	
	DATE PLUMBING UPDATED: _____		DATE WIRING UPDATED: _____	
3. Will other insurance be in force on this dwelling? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Are there any business operations conducted on the premises? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Has insured ever filed bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO 6. Has insured reported any claims in past 36 months? If yes, list type of loss and amount paid on reverse. <input type="checkbox"/> YES <input type="checkbox"/> NO	MILES TO NEAREST FIREDEPARTMENT: _____		FEET TO NEAREST FIRE HYDRANT: _____	
	VOLUNTEER FIRE DEPT.: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Has insured been refused insurance, canceled or non-renewed? <input type="checkbox"/> YES <input type="checkbox"/> NO 8. Has any damage remained unrepaired from a previous claim? <input type="checkbox"/> YES <input type="checkbox"/> NO 9. Are there any adjacent properties of hazardous nature? <input type="checkbox"/> YES <input type="checkbox"/> NO 10. Is there a swimming pool, spa, jacuzzi, or trampoline on the property? <input type="checkbox"/> YES <input type="checkbox"/> NO Is yard fenced with a self-locking gate? <input type="checkbox"/> YES <input type="checkbox"/> NO 11. A. Do you own or have in your care, custody, or control any animal that has ever bitten, attacked, or inflicted injury on a person or a companion animal? If yes, please answer "B." <input type="checkbox"/> YES <input type="checkbox"/> NO B. Would you be willing to have exclusion of coverage attached to your policy? <input type="checkbox"/> YES <input type="checkbox"/> NO 13. Has the risk ever sustained a loss from a dog bite or firearms? <input type="checkbox"/> YES <input type="checkbox"/> NO 14. Is dwelling located near a body of water? If yes, list body of water & distance to water on reverse. <input type="checkbox"/> YES <input type="checkbox"/> NO 15. Is risk located near brush/landslide area? If yes, risk is ineligible. <input type="checkbox"/> YES <input type="checkbox"/> NO 16. Is risk located in a forested area? <input type="checkbox"/> YES <input type="checkbox"/> NO 17. Is dwelling isolated or inaccessible anytime during the year? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, distance to nearest dwelling: _____ 18. Does insured have any other coverage with American Reliable? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list policy number(s) on reverse. 19. Is property VACANT? If yes, RISK IS INELIGIBLE. <input type="checkbox"/> YES <input type="checkbox"/> NO	IF PC 9 OR 10, PROVIDE THE FOLLOWING FIRE DEPARTMENT INFORMATION:			
	RESPONSE TIME: _____		WATER AND EQUIPMENT AVAILABLE: _____	
AGENT - Is this business (or insured) new to your agency? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you personally inspected the risk? <input type="checkbox"/> YES <input type="checkbox"/> NO Does it show pride of ownership? <input type="checkbox"/> YES <input type="checkbox"/> NO	COVERAGES		TOTAL LIMITS	PREMIUM
	Dwelling <input type="checkbox"/> Fire & E.C.		\$	\$
Other Structures <input type="checkbox"/> Fire & E.C.				
Personal Property <input type="checkbox"/> Fire & E.C.				
Medical Payments				
Liability				
V & MM (Must be based on Dwelling Value.)				
SURCHARGES: (TYPE AND AMOUNT)				
CREDITS: (TYPE AND AMOUNT)				
IF ANY QUESTIONS ANSWERED YES, EXPLAIN ON REVERSE.		OPTIONAL COVERAGES:		
PREMIUM INFORMATION				
<input type="checkbox"/> DIRECT BILL		BILL: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder		
CASH WITH APPLICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____				
USE OF DWELLING				
<input type="checkbox"/> PRIMARY <input type="checkbox"/> TENANT <input type="checkbox"/> SEASONAL				
NEIGHBORHOOD TYPE				
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RURAL				
		TERRITORY <small>(From Rate Chart)</small>	PROTECTION CLASS	DEDUCTIBLE(S)
				TOTAL PREMIUM
			\$	\$
				\$25.00

DESCRIPTION OF APPURTENANT STRUCTURES	VALUE
1.	\$
2.	\$
3.	\$
TOTAL	\$

CLASSIFICATION RESPONSES

USE THIS AREA TO EXPLAIN UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

FRAUD WARNING:

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.

CONSUMER CREDIT REPORT DISCLOSURE:

In connection with this application for insurance, 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. You may request that your credit information be updated and if you question the accuracy of the credit information, we will, upon your request, re-evaluate you based on corrected credit information from a consumer reporting agency.

IMPORTANT NOTICE:

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. 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. 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 will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

AGENT'S NAME: (PLEASE PRINT)	DATE	APPLICANT SIGNATURE X
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APPLICATION MUST BE SIGNED!

AGENT'S SIGNATURE

DATE

APPLICATION MUST BE COMPLETED IN FULL. INCLUDING REVERSE.