

HomeProtector Application IL

The applicant applies for insurance and represents the following to be true.

Time Effective: 12:01 a.m. **From:** **To:** **Binder No.:**
Agent's Number: **Agent's Name:** Hruska Insurancenter, Inc. **Initials:**
Applicant's Name and Address:

Home Phone No.: ()
Work Phone No.: () **Ext.:**
Alternative Phone: () **Ext.:**
Alternate Name:
Applicant Occupation:
Spouse Occupation:
Applicant Social Security: - -
Spouse Social Security: - -

The Dwelling Described In This Application Is Used As a Primary Dwelling
 Township/County/Indep. City: COOK CO INDEPENDENT CITY

<u>Form</u>	<u>Deductible</u>	<u>Building Construction</u>
Tenant	\$250	
<u>Terr</u>	<u>City/County</u>	<u>Fire Hydrant Within</u>
42	212	500
	<u>Fire Dept Within</u>	<u>Prot Class/Dwlg</u>
	1 mile	03
		<u>ISO Prot Class/Dwlg</u>
		03

Number of Families: 1 Number of Roomers or Boarders: 0
 Number of Apartments, Townhouses or Rowhouses: 0
 Is There Commercial Occupancy Within Building? **NO**

Coverage Information:

<p>Personal <u>Property</u></p> <p>Amount of Ins: \$</p>	<p>Loss of <u>Use</u></p> <p>Loss Sustained not to exceed 12 consecutive months</p>
<p>Personal Liability <u>Each Occurrence</u></p> <p>Amount of Ins: <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000</p>	<p>Medical Payments To Others <u>Each Person</u></p> <p style="text-align: center;">\$5,000</p>

ERIE INSURANCE PAYMENT PLANS:

- Plan A** - Entire Premium is due by effective date--No Service Fee
- Plan B** - 34% of the premium is due on effective date
 - 33% due within 30 days
 - 33% due within 60 days
 - No Service Fee
- Plan C** - 25% of the premium is due on effective date
 - 25% due within 30 days + \$2 Service Fee
 - 50% due within 6 months + \$2 Service Fee

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WARNING: An incorrect answer, intentional or not, to any question below may jeopardize the acceptance of this application.

Has the Applicant ever had insurance with ERIE: **NO**

Was the immediate previous writer of this risk the Illinois Fair Plan: **NO**

CLAIMS EXPERIENCE RATING PLAN SURCHARGE

Does the Applicant currently have HomeProtector insurance with ERIE?

Name:

Origin Date:

Policy number:

Number of consecutive years with ERIE Home Policy:

Number of Paid claims under any ERIE HomeProtector Policy within the last 5 years:

Number of Paid claims on HomeOwners with any other company within the last 5 years:

Yes/No

A: Have you ever had similar insurance on this or any other property during the past 5 years with any company other than the ERIE?
If yes, with what companies?

B: Has any company declined, canceled or refused to renew any similar insurance (Non-Pay cancellation or previous carrier request that coverage be purchased from another company is the same as being canceled or declined)?
If yes, give reason:

OK'D By: _____

C: Has the Applicant had any loss, such as fire, windstorm, theft, liability, etc., on this or any other property during the last 5 years?
If yes, please describe loss, including date, amount, place, cause, etc.

D: Are there any wood burning stoves, fireplace inserts, wood burning furnaces, space heaters, or kerosene heaters on the premises:

E: Is there a swimming pool on the premises?

F: Are there animals, including farm animals or pets on the premises?
If yes, what is the type, breed and number of each?

Type

Breed

Number

Applicant:
Agent:

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If there are any wild animals, vicious or dangerous dogs, or any animal that has shown a propensity to be vicious or dangerous, then Underwriting must be contacted before this risk can be bound.

G: Is Applicant conducting any business, farming or occupational pursuits at the premises? _____
If yes, please explain: _____

H: Year of construction: _____
If the home is in the course of construction, give expected completion date: _____

I: Has the roof been updated? _____

J: Has the central heating been updated? _____

K: Type of electrical service: Circuit Breakers: Fuses:

L: Has the dwelling been listed for sale or rent by the Applicant within the last 5 years? _____

M: Has the dwelling been seen by the agent or company employee? _____

O: List all other occupants in the Applicant's residence and state relation to Applicant:

Name

Relationship

Date of Birth

Other Interests:

Loan Number: _____

Loan Number: _____

Other Pertinent Information:

Does the Applicant desire Earthquake coverage? _____

Does the Applicant desire Sewer & Drain Backup coverage? _____

SCHEDULE OF OTHER COVERAGES

Replacement Cost Personal Property Tenant/Condo: \$40

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The following applies to the Erie Insurance Exchange Only:

The Subscriber ("you" or "your") agrees with the other Subscribers at **ERIE INSURANCE EXCHANGE ("ERIE")**, a Reciprocal/Inter-Insurance Exchange, and with their Attorney-in-Fact, **the Erie Indemnity Company** ("we" or "us"), a Pennsylvania corporation with his home office in Erie, Pennsylvania, to the following:

- 1) You agree to pay your policy premiums and to exchange with other ERIE subscribers policies providing insurance for any insured loss and stated in those policies.
- 2) You appoint us as Attorney-in-fact with the power to: a) exchange policies with other ERIE Subscribers; b) take any action necessary for the exchange of such policies; c) issue, change, nonrenew or cancel policies; d) obtain reinsurance; e) collect premiums; f) invest and reinvest funds; g) receive notices and proofs of loss; h) appear for, compromise, prosecute, defend, adjust and settle losses and claims under your policies; i) accept service of process on behalf of ERIE as insurer; and j) manage and conduct the business and affairs of ERIE, its affiliates and subsidiaries. This power of attorney is limited to the purposes described in this Agreement.
- 3) You agree that as compensation for us a) becoming and acting as Attorney-In-Fact; b) managing the business and affairs of ERIE; and c) paying general administrative expenses, including sales commissions, salaries and employee benefits, taxes, rent, depreciation, supplies and data processing, we may retain up to 25% of all premiums written or assumed by ERIE. The rest of the premiums will be used for losses, loss adjustment expenses, investment expenses, damages, legal expenses, court costs, taxes, assessments, licenses, fees, any other governmental fines and charges, establishment of reserves and surplus, and reinsurance, and may be used for dividends and other purposes we decide are to the advantage of the Subscribers.
- 4) You agree that this Agreement, including the power of attorney, shall have application to all insurance policies for which you apply at ERIE, including changes in any of your coverages.
- 5) You agree to sign and deliver to us all papers required to carry out this Agreement.
- 6) This Agreement, including the power of attorney, shall not be affected by your subsequent disability or incapacity.
- 7) This Agreement is and shall be binding upon you, us and all executors, administrators, successors and assigns.

Date _____

**Subscriber's
Signature** _____

**Policy No.
(if available)** _____

**Print
Subscriber's Name** _____

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NOTICE OF INSURANCE INFORMATION PRACTICES:

AS PART OF OUR PROCEDURE FOR PROCESSING YOUR INSURANCE APPLICATION, PERSONAL INFORMATION SUCH AS A CREDIT REPORT, PRIOR INSURANCE CLAIMS REPORT, AND/OR MOTOR VEHICLE RECORD MAY BE OBTAINED CONCERNING YOU AND OTHER INDIVIDUALS PROPOSED FOR COVERAGE. NO INFORMATION FROM OUR FILES WILL BE GIVEN TO ANYONE WITHOUT YOUR WRITTEN CONSENT, EXCEPT AS ALLOWED BY LAW OR IN ORDER TO CONDUCT OUR BUSINESS. YOU HAVE THE RIGHT TO KNOW THE KIND OF INFORMATION WE HAVE IN YOUR FILE, TO HAVE ACCESS TO THAT INFORMATION, AND TO REQUEST CORRECTION OF INFORMATION YOU BELIEVE IS INACCURATE. WE WILL PROVIDE A MORE DETAILED DESCRIPTION OF OUR INFORMATION PRACTICES, IF YOU SO REQUEST.

IMPORTANT NOTICE PLEASE READ CAREFULLY:

ANY PERSON WHO KNOWINGLY FILES AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL PENALTIES.

APPLICANT TO ERIE INSURANCE EXCHANGE SIGN HERE:

I certify that I have given true and complete answers to the questions in this application.

I have been given notice of the NOTICE OF INSURANCE INFORMATION PRACTICES.

Applicant's signature: _____ Date: _____
