

# HO-8 APPLICATION



Underwritten By:  
**INSURANCE INNOVATORS, INC.**  
 PO Drawer 969, Glenside, PA 19038  
 (215) 885-7300 Phone, (215) 886-2482 Fax

Print or Type \_\_\_\_\_

Applicant and Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

Renewal of Pol No. \_\_\_\_\_

Producer \_\_\_\_\_

Address \_\_\_\_\_

Producer Code \_\_\_\_\_

\_\_\_\_ Owner Only \_\_\_\_ Owner & One Tenant\* See Rating Procedures for A/P

**An Effective date MUST be entered and may not be earlier than postmark or fax date.**

Annual Premium	\$ _____
State Tax 3%	\$ _____
Inspection Fee	<b>\$50.00</b>
PA Stamping Fee	<b>\$25.00</b>
<b>Total</b>	\$ _____

From: Month	Day	Year	To: Month	Day	Year
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**COVERAGES** (12:01 AM STANDARD TIME)

A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENT	DEDUCTIBLE
\$	\$ 10% of "A"	\$ 50% of "A"	\$ 10% of "A"	EACH OCCURRENCE <b>\$100,000</b>	EACH PERSON <b>\$500</b>	<b>\$250</b>

MORTGAGEE(S) NAME, ADDRESS, LOAN NUMBER:

## UNDERWRITING QUESTIONNAIRE

**This section must be completed in its entirety-Explain "Yes" Answers**

- |  |  |
|--|--|
| <p>1. Total square footage _____</p> <p>2. Occupation – Applicant _____ Spouse _____</p> <p>3. Type of Construction <input type="checkbox"/> Masonry <input type="checkbox"/> Frame</p> <p>4. Year of Construction _____ Dwellings over 35 years old must have the electrical, plumbing, heating, roof updated within last 20 years Please supply the year the work was completed for each.</p> <p>5. Protection Class _____</p> <p>6. Are you aware of any conditions with regard to the wiring or heating of this dwelling that would present a fire hazard? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. Are you aware of any hazardous liability conditions? (e.g., broken walks/steps, uprooted trees, pool, trampoline, etc.) Dwellings must have circuit breakers to be eligible. <input type="checkbox"/> YES <input type="checkbox"/> NO _____</p> <p>8. Have you reviewed the underwriting rules? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>9. Animals/Reptiles on Premises <input type="checkbox"/> YES <input type="checkbox"/> NO Type/Breed? _____</p> | <p>10. Prior carrier _____<br/>Policy No. _____<br/>What was property limit? _____<br/>Expiration Date? _____</p> <p>11. Has the applicant suffered any losses during the last 3 years?<br/><input type="checkbox"/> Yes (explain) <input type="checkbox"/> No _____</p> <p>12. Has any company canceled or refused insurance to the applicant?<br/><input type="checkbox"/> YES (explain) <input type="checkbox"/> NO _____</p> <p>13. Purchase price of property _____<br/>Date of Purchase _____</p> <p>14. Any applicant convicted of arson or fraud relating to a property loss?<br/><input type="checkbox"/> YES (explain) <input type="checkbox"/> NO _____</p> <p>15. Any applicant/spouse had repossessions, foreclosures, bankruptcy, judgements, multiple bad debts or charge offs filed in the last 4 years? <input type="checkbox"/> YES (explain) <input type="checkbox"/> NO _____</p> <p>16. Any commercial/business pursuits conducted on the premises?<br/><input type="checkbox"/> YES (explain) <input type="checkbox"/> NO _____</p> <p>17. Number of Families? _____</p> <p>18. Is there a tenant on premises? ____Y ____N</p> |
|--|--|

**FRAUD STATEMENT** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

## APPLICANTS STATEMENT

I understand that as a part of this company's routine procedure for reviewing applications for insurance or renewals of insurance policies, a routine inquiry may be made. Such inquiry usually contains information as to an applicant's character, general reputation, personal characteristics and mode of living. If such inquiry is made, further information on the nature and scope of the inquiry is available upon written request.

\_\_\_\_\_  
 DATE SIGNATURE OF PRODUCER SIGNATURE OF APPLICANT(S)

# HO-8 RATES

Amt of coverage	Premium	Amt of coverage	Premium	Amt of coverage	Premium	Amt of Coverage	Premium
20,000	300	54,000	621	88,000	880	122,000	1065
21,000	315	55,000	633	89,000	890	123,000	1072
22,000	330	56,000	644	90,000	855	124,000	1079
23,000	345	57,000	656	91,000	865	125,000	1086
24,000	360	58,000	667	92,000	874	126,000	1092
25,000	375	59,000	679	93,000	884	127,000	1098
26,000	390	60,000	660	94,000	893	128,000	1104
27,000	405	61,000	671	95,000	903	129,000	1110
28,000	420	62,000	682	96,000	912	130,000	1116
29,000	435	63,000	693	97,000	922	131,000	1122
30,000	405	64,000	704	98,000	931	132,000	1128
31,000	419	65,000	715	99,000	941	133,000	1134
32,000	432	66,000	726	100,000	900	134,000	1140
33,000	446	67,000	737	101,000	909	135,000	1146
34,000	459	68,000	748	102,000	917	136,000	1152
35,000	473	69,000	759	103,000	925	137,000	1158
36,000	486	70,000	735	104,000	933	138,000	1164
37,000	500	71,000	746	105,000	941	139,000	1170
38,000	513	72,000	756	106,000	949	140,000	1176
39,000	527	73,000	767	107,000	957	141,000	1181
40,000	500	74,000	777	108,000	965	142,000	1186
41,000	513	75,000	788	109,000	973	143,000	1191
42,000	525	76,000	798	110,000	981	144,000	1196
43,000	538	77,000	809	111,000	988	145,000	1201
44,000	550	78,000	819	112,000	995	146,000	1206
45,000	563	79,000	830	113,000	1002	147,000	1211
46,000	575	80,000	800	114,000	1009	148,000	1216
47,000	588	81,000	810	115,000	1016	149,000	1221
48,000	600	82,000	820	116,000	1023	150,000	1226
49,000	613	83,000	830	117,000	1030		
50,000	575	84,000	840	118,000	1037		
51,000	587	85,000	850	119,000	1044		
52,000	598	86,000	860	120,000	1051		
53,000	610	87,000	870	121,000	1058		

**RATING PROCEDURES:**

1. **To decrease Personal Liability Limit to \$50,000, subtract \$15.00.**
2. Add \$100 if occupied by owner and one tenant.
3. If property is loss free for 3 years, apply a 5% credit to base premium. The credit will be removed if insured has a reported loss.
4. Theft coverage can be increased to \$2,500.00 for an additional \$60.00

**UNDERWRITING RULES:**

1. Coverage applies to one-family owner occupied dwellings or one owner and one tenant occupancy (additional premium).
2. Only annual term policies will be written.
3. Property cannot be vacant or unoccupied for more than 30 continuous days.
4. Dwellings over 35 years old must have roof, electrical, heating, and plumbing updated within the last 20 years.
5. Mold exclusion is required on all policies.

**SUBMIT:**

1. Risks having more than 1 loss should be submitted with full details for consideration. Coverage is not bound until approved.
2. Any application/insured with a water loss in the past 3 years.

**INELIGIBLE:**

1. **Ineligible risks include** condemned, disrepaired risks located next to vacant properties, seasonal risks, vacant risks, personal bankruptcies, risks with pools or spas, fuses, risks having an underground oil tank or any property with EIFS or EIFS derived cladding.
2. No business pursuits may take place at insured location.
3. Dwellings with spas and unprotected and non-fenced pools are ineligible.
4. Any applicant/insured that has had any conviction of arson or fraud related to a property loss.
5. Any risk with a trampoline or other hazardous recreational equipment.