



ROBERTS COUNTY FARM MUTUAL INSURANCE COMPANY

(x) New [ ] Plus [ ] Choice

( ) Renewal.No

APPLICATION FOR:

418 Veterans Avenue Sisseton, SD 57262 Phone: 605-698-7122

( ) Homeowners ( ) Personal Property ( ) Rental Dwelling

Important: this is an application for an assessable policy.

Effective \_\_\_\_\_ Expiring \_\_\_\_\_ 12:01 A.M. Standard

Insured's Name & Address and Telephone \_\_\_\_\_ Agent Name & Address \_\_\_\_\_

Prins Insurance Inc. 5517 N Cliff Ave Sioux Falls, SD 57104

Payment Options: Annual(\$6) [ ] Semi-Annual(\$10) [ ] Quarterly (\$20) [ ]

Location of Property: Lot: \_\_\_\_\_ Blk: \_\_\_\_\_ Twp: \_\_\_\_\_ County: \_\_\_\_\_

Mortgagee(s) \_\_\_\_\_ Loan # \_\_\_\_\_

Occupation: \_\_\_\_\_ Dwelling occupied by: ( ) Owner ( ) Tenant ( ) Vacant

Table with Form No. (4, 8, 1, 2, 2, 3) and DEDUCTIBLE: \$ \_\_\_\_\_ Unless otherwise indicated \$250 Deductible will apply.

Table with COVERAGE AND LIMIT OF LIABILITY for Dwelling, Other Structures, Personal Property, Loss of Use, Personal Liability, and Med Payments to others.

OPTIONAL COVERAGES

Bill Direct Agency Escrow

822 Replacement cost on Household Goods: (X) Yes ( ) No ( ) ( ) ( )
710 Sewer Backup: ( ) Yes ( ) No 5220 Refrigerated Food Products \$
30000 Waterbed Liability(Form 4) ( ) Yes ( ) No

UNDERWRITING Size of other structures: \_\_\_\_\_

Age of Dwelling \_\_\_\_\_ Size of Dwelling \_\_\_\_\_ Age of Shingles \_\_\_\_\_
Type of Fuel \_\_\_\_\_ Age of Heating System \_\_\_\_\_ Type of Shingles \_\_\_\_\_
Alternative Heat: ( ) Yes ( ) No Space Heater..... ( ) Yes ( ) No Furnace ( ) Yes ( ) No
Is Plumbing Original- ( ) Yes ( ) No If No then when Updated \_\_\_\_\_
Is Wiring Original ( ) Yes ( ) No If No then Updated \_\_\_\_\_
condition of Dwelling: ( ) Excellent ( ) Good ( ) Average ( ) POOR ( ) Unsound

Is risk inside city limits? \_\_\_\_\_ If not miles to nearest town? \_\_\_\_\_

Has any company cancelled or refused similar coverage? \_\_\_\_\_

List any business pursuits conducted on premises: \_\_\_\_\_

List all losses paid during the past 5 years: \_\_\_\_\_

Previous Carrier: \_\_\_\_\_ other coverages with Roberts: \_\_\_\_\_

Remarks: \_\_\_\_\_

\*\* I have read this application, and agree that all questions have been answered correctly to the best of my knowledge.\*\*
DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_
AGENT: \_\_\_\_\_
\*Recent photo of dwelling and other structure must be attached!
\*Please attach dwelling evaluator
\*Complete the General Information section on back
\*Inland Marine application is on back
Dwelling Related Structure Contents Replacement Liability Inland Marine Misc. Coverages Misc. Coverages Policy Fee TOTAL \$ \_\_\_\_\_

GENERAL INFORMATION

Size of Dwelling \_\_\_\_\_ Attached or Unattached Garage w/size? \_\_\_\_\_  
 Other Structure w/size \_\_\_\_\_ Is this a manufactured home? ( ) Yes ( ) No  
 Number of Stories \_\_\_\_\_ Finished Basement \_\_\_\_\_  
 Finished Attic \_\_\_\_\_ Breezeway ( ) Open ( ) Closed  
 Deck/Porch w/size \_\_\_\_\_  
 Fireplaces: Hearths \_\_\_\_\_ Chimneys \_\_\_\_\_ Pre-fab Metal \_\_\_\_\_  
 Extra Baths: Full \_\_\_\_\_ Half \_\_\_\_\_  
 Exterior Wall Category: %I \_\_\_\_\_ %II \_\_\_\_\_ %III \_\_\_\_\_  
 Substructure: ( ) Slab-on-ground ( ) Crawl space ( ) Basement  
 Occupancy: ( ) Single-family ( ) Two-family

BASE RESIDENCE COST \$ \_\_\_\_\_  
 SUBSTRUCTURE AND \$ \_\_\_\_\_  
 OCCUPANCY ADJUSTMENT \_\_\_\_\_  
 ATTACHED GARAGE \$ \_\_\_\_\_  
 ADJUSTMENT FACTOR \_\_\_\_\_  
 ADJUSTED BASE RESIDENCE \_\_\_\_\_  
 COST-ACTUAL CASH VALUE \$ \_\_\_\_\_

State the condition of the trees on the premises \_\_\_\_\_

INLAND MARINE APPLICATION

Name \_\_\_\_\_

Term: \_\_\_\_\_ to \_\_\_\_\_

Schedule of articles to be insured. (Note Be sure to give complete description, cost, serial numbers, if any, names of manufacturers, etc.) Attach Bill of Sale or Appraisal. Please provide photos.

Description or Make	Ded.	Amount of Ins.	Prem.

Underwriting Questionnaire

1. Location where described property will be kept \_\_\_\_\_
2. Is above described property used in occupation of applicant? \_\_\_\_\_
3. Do you personally know applicant? \_\_\_\_\_
4. Has any company cancelled or denied this risk? \_\_\_\_\_
5. Liability for recreation vehicles\*list all drivers, ages and records: \_\_\_\_\_
6. If insuring a snowmobile photos for physical damage are required.  
Is collision wanted for snowmobile? ( ) Yes ( ) No
7. List losses sustained during past 5 years \_\_\_\_\_

\*I have read this application, and agree that all questions have been answered correctly to the best of my knowledge.\*

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

Agent: \_\_\_\_\_

ROBERTS MUTUAL INSURANCE

APPLICATION FOR INSURANCE

(Please use the back side of this application for additional information)

Name of Insured \_\_\_\_\_

Current Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Former Address (6 yrs) \_\_\_\_\_

\*\*\*\*\*

Name of Insured (spouse) \_\_\_\_\_

Current Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Former Address (6 yrs) \_\_\_\_\_

\*\*\*\*\*

**List all adult persons living in the household**

Name of Insured \_\_\_\_\_

Current Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Former Address (6 yrs) \_\_\_\_\_

\*\*\*\*\*

Name of Insured \_\_\_\_\_

Current Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Fortner Address (6 yrs) \_\_\_\_\_

I acknowledge that Roberts County Farm Mutual may request credit information and prior loss information from ChoicePoint Services Inc. This information may effect the underwriting decisions of the Company and premium charged. I further acknowledge that Roberts County Farm Mutual will share loss information with ChoicePoint Services Inc.

Signed \_\_\_\_\_ date \_\_\_\_\_

Signed \_\_\_\_\_ date \_\_\_\_\_

POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE

On November 26, 2002 the President of the United States signed into law the Terrorism Risk insurance Act of 2002 (the "Act"). The Act establishes a short-term program under which the Federal Government will share in the payment of "Insured Losses" caused by certain "Acts of Terrorism" (each as defined in the act).

Coverage under your policy is affected as follows:

The passage of the ACT does not result in any change in your coverage or premium. Your policy contains coverage for certain losses caused by terrorism. The coverage provided by your policy for certified acts of terrorism (like all coverages) is limited by the terms, conditions, exclusions, limits and other provisions of your policy. Enclosed is Endorsement WMS CTL 2.0 Certified Terrorism Loss. Please attach this endorsement to your policy.

Currently, the portion of your premium that is attributable to coverage for terrorist acts certified under the Act is \$0.

If at subsequent renewals, a premium is going to be charged for such terrorism coverage, we will provide you with notification of what that premium will be. If in the future a premium is charged, you will have the right to accept or reject this offer of coverage.

You should know that coverage provided by this policy for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium shown above does not include any charges for the portion of loss covered by the federal government under the Act.

The following excerpt from the Act is provided for your information:

According to Section 102(l) of the Terrorism Risk Insurance Act of 2002, "The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States ---- (i) to be an act of terrorism; (ii) to be a violent act or an act that is dangerous to (1) human life; (11) property; or (111) infrastructure; (ill) to have resulted in damage within the United States, or outside the United States in the case of (1) an air carrier or vessel described in paragraph (5)(B); or (11) the premises of a United States mission; and (iv) to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United states or to influence the policy or affect the conduct of the United States Government by coercion." Section 102(l) (B) states, "No act shall be certified by the Secretary as an act of terrorism if (1) the act is committed as part of the course of war declared by the Congress, except that this clause shall not apply with respect to any coverage for workers' compensation; or (11) property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000." Section 102(l)(C) and (D) specify that the determinations are final and not subject to judicial review and, that the Secretary of the Treasury cannot delegate the determination to anyone.

Please contact your agent if you have any questions on this notice, the Act or the impact of the Act on your policy.

Please be aware that any notice of cancellation we may have sent or will send you, supersedes references to coverage contained in this notice. Nothing in this notice should be construed as an offer to reinstate coverage for a cancelled/expired policy.

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Insured

Date

## **Roberts County Homeowners - Supplemental**

Prins Insurance, Inc. strives to write homeowners policies with special replacement cost coverage on the home and broad form replacement cost coverage on the personal property. Because underwriting qualifications for the above coverage does not allow us to quote those coverages with insurance companies we have available, we have quoted broad form actual cash value coverage on the home and broad form replacement cost coverage on the personal property.

The following describes the coverage on your home and personal property.

### THE HOME

Your Home has been quoted on an actual cash value basis. This means that losses to your home are settled at actual cash value with deductions for depreciation and the deductible.

### THE UNATTACHED STRUCTURES

Our policy also gives you additional coverage for structures not attached to your home, such as garages, sheds, workshops, patios, etc. These structures are covered for actual cash values up to the dollar amount listed on the application less the deductible. Other structures do not include farm buildings or other buildings used for business of any kind.

### THE PERSONAL PROPERTY

Contents of your home are also covered. The contents have been quoted on a replacement cost basis. This means that losses to your personal property are insured for replacement value with no deduction for depreciation. As an example, if your television is destroyed in a fire, the policy will replace the television with a new one of equal quality and features. The personal property is covered for a total replacement cost value up to the amount shown on the application less the deductible.

THE PERILS YOU ARE INSURED FOR

Your home, other structures, and personal property are insured with a broad form homeowners policy. The policy covers your property against loss caused by the following:

- Fire or Lightning, Windstorm or Hail, Explosion
- Sudden & Accidental Damage from Smoke
- Riot or Civil Commotion, Aircraft and Vehicles
- Vandalism, Breakage of Glass, Theft, Failing Objects
- Volcanic Eruption, Weight of Ice, Snow or Sleet
- Sudden and accidental tearing apart, cracking, burning of a heat or air conditioning system or water heater
- Freezing of plumbing, heating or air conditioning system or domestic appliance
- Sudden and accidental damage from artificially generated electrical currents
- Accidental discharge or overflow of liquids or steam

Your policy will have a deductible for each loss you may have on the property coverage.

I understand the above actual cash value broad form coverage that applies to my home and other structures, and replacement cost broad form coverage that applies to my personal property.

\_\_\_\_\_ Date: \_\_\_\_\_  
Insured

\_\_\_\_\_ Date: \_\_\_\_\_  
Agent - Prins Insurance, Inc.