**Complete Either Section 1, 2, or 3 Only**

### Section 1. Homeowner Only Section

**Form HO 2**

- **Owner Occupied Dwelling:** # of families
- **Replacement Cost of Dwelling:** $Deductible Amount $100 $250 $500
- **Dwelling Coverage A (HO2/HO2 Repair):** $
- **Personal Liability Each Occurrence:** $100,000 $200,000 $300,000
- **Increased Limits on Other Structures:** $
- **Inflation Guard Endorsement?** No Yes
- **Water Damage Endorsement?** No Yes
- **Any Business Activity on the Premises?** No Yes

**Form HO 4 or 6**

- **Total # of Families**
- **Deductible Amount** $100 $250 $500
- **Personal Property Coverage:** $
- **Personal Liability Each Occurrence:** $100,000 $200,000 $300,000
- **Medical Payments to Others Each Occurrence:** $1000 Only
- **Any Business Activity on the Premises?** No Yes
SECTION 2. DWELLING FIRE ONLY SECTION
(NO THEFT OR LIABILITY COVERAGE IS AVAILABLE)

OWNER OCCUPIED DWELLING: 
# OF FAMILIES 

PRIOR RES 

SEASONAL RES 

NON-OWNER OCCUPIED DWELLING: 
# OF FAMILIES 

RENTAL 

SEASONAL RENTAL 

PERILS TO BE INSURED: 
FIRE ONLY 

FIRE & EXTEND COVER 

FIRE, EXTEND COVER & V.M.M. 

DEDUCTIBLE AMOUNT: 
$250 

$500 

$1000 

$2500 

$5000 

OTHER 

BUILDING COVERAGE: 
$ 

CONTENTS 

$ 

OTHER STRUCTURE: 
$ 

DESCRIBE OTHER STRUCTURE 

ANY BUSINESS ACTIVITY ON THE PREMISES? 
NO 

YES 

IF YES, EXPLAIN 

SECTION 3. COMMERCIAL FIRE ONLY SECTION
(NO THEFT OR LIABILITY COVERAGE IS AVAILABLE)

APARTMENT (GREATER THAN 5 FAMILIES) 
TOTAL # OF UNITS 

# OF UNITS OCCUPIED 

COMMERCIAL OCCUPANCY (DESCRIBE) 
% OF BUILDING OCCUPIED 

PERILS TO BE INSURED: 
FIRE ONLY 

FIRE & EXTEND COVER 

FIRE, EXTEND COVER & V.M.M. 

DEDUCTIBLE AMOUNT $250 

$500 

$1000 

$2500 

$5000 

OTHER 

COIN SURANCE AMOUNT 
NONE 

80% 

90% 

100% 

BUILDING COVERAGE: 
$ 

CONTENTS 

$ 

OTHER STRUCTURE: 
$ 

DESCRIBE OTHER STRUCTURE 

PROPERTY, LOSS, & DAMAGE DETAILS
FOR THE PROPERTY ON WHICH COVERAGE IS BEING REQUESTED, PLEASE INDICATE BELOW: 1) ALL LOSSES THAT HAVE OCCURRED IN THE PAST FIVE YEARS (INCLUDE DATES, TYPES AND AMOUNTS) 2) ANY UNREPAIRED DAMAGES FROM A LOSS BEING DESCRIBED, 3) OUTSTANDING RECORDED VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AND 4) ANY GOVERNMENTAL ORDERS TO DESTROY, VACATE OR REPAIR THE PROPERTY. IF NECESSARY, ATTACH ADDITIONAL DETAILS OR COMMENTS ON A SEPARATE SHEET OF PAPER AND STAPLE IT TO THIS APPLICATION.

1. 

2. 

3. 

4. 

REQUIRED PROPERTY INSPECTIONS
INSPECTIONS AND ANY INSPECTION REPORT ARE FOR PROPERTY INSURANCE UNDERWRITING PURPOSES ONLY. REGARDLESS OF WHETHER A POLICY IS ISSUED, MBPIA WILL NOT BE LIABLE FOR ANY INJURY OR DAMAGE CLAIMED TO ARISE FROM THE INSPECTION OR ANY REPORT OF THE PHYSICAL CONDITIONS OF THE PREMISES, OR FROM COMPLIANCE OR NON-COMPLIANCE BY THE PROPERTY OWNERS OR OTHERS WITH THE RECOMMENDATIONS, IF ANY, CONTAINED IN SUCH REPORTS.

THIS IS TO PROVIDE YOU WITH THE FOLLOWING NOTIFICATION CONCERNING THE ABOVE TRANSACTION AS REQUIRED BY THE FAIR CREDIT REPORTING ACT (PUBLIC LAW 91-508). "AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION PERTAINING TO THE CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING." ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF SUCH INVESTIGATION REQUESTED WILL BE FURNISHED UPON OUR RECEIPT OF YOUR WRITTEN REQUEST TO THIS OFFICE.

AN EXTERIOR AND INTERIOR INSPECTION OF THIS PROPERTY MAY BE REQUIRED. PLEASE PROVIDE US WITH THE FOLLOWING:

NAME OF PERSON TO CONTACT FOR AN INSPECTION 
PHONE NUMBER 

IMPORTANT INFORMATION
COVERAGE CANNOT BECOME EFFECTIVE ANY EARLIER THAN 12:01 AM THE DAY AFTER OUR RECEIPT OF A PROPERLY COMPLETED APPLICATION AND APPROPRIATE PREMIUM.

ALL POLICIES BECOME EFFECTIVE AT 12:01 AM.

YOUR AGENT IS AUTHORIZED TO SUBMIT YOUR APPLICATION TO MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION (MBPIA). HOWEVER, NO AGENT IS A REPRESENTATIVE OF MBPIA AND NO AGENT CAN BIND COVERAGE ON THIS OR ANY APPLICATION.

PREMIUMS QUOTED BY YOUR AGENT ARE ONLY ESTIMATES AND ARE SUBJECT TO CHANGE UPON REVIEW AND/OR COMPLETION OF AN INSPECTION BY MBPIA.

INITIAL PAYMENTS, LESS THAN THE FULL ANNUAL PREMIUM, WILL BE TREATED AS A REQUEST FOR PROCESSING UNDER OUR INSTALLMENT PAYMENT PROGRAM AND WILL BE SUBJECT TO A SERVICE CHARGE.

IF THE PROPERTY FOR WHICH THIS APPLICATION IS SUBMITTED IS FOUND NOT QUALIFIED FOR COVERAGE THROUGH MBPIA, THE POLICY WILL BE RESCINDED AND ALL PREMIUM RECEIVED BY MBPIA WILL BE RETURNED TO THE APPLICANT.

WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE WHICH CONTRIBUTES TO THE LOSS OR TO THE AMOUNT OF LOSS MAY VOID THE INSURANCE POLICY PURSUANT TO STATE LAW.

APPLICANT CERTIFICATION 

THIS APPLICATION MUST BE SIGNED BY EITHER THE APPLICANT, MORTGAGEE OR OTHER AUTHORIZED SIGNER. A MORTGAGEE OR OTHER SIGNER REPRESENTS AND WARRANTS THAT IT HAS EXPRESS AUTHORIZATION FROM A QUALIFIED APPLICANT(S) TO SUBMIT THIS APPLICATION FOR INSURANCE.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND ALL INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE 
DATE 

MORTGAGEE/SIGNER SIGNATURE 
DATE 

MBAPP (10-99)
ACORD 64 MI (2000/10)