

PRIORITYONE APPLICATION FOR COMPREHENSIVE PERSONAL LIABILITY

INSURANCE CO.

P. O. Box 6106
 Temple, TX 76503-6106
 A Capital Stock Company
 1-800-328-3379

Application ID: _____

<p>APPLICANT:</p> <p>CO-APPLICANT:</p> <p>Phone: _____</p> <p>PROPERTY LOCATION (Include county):</p>	<p>AGENCY:</p> <p>German American Insurance Agency Cindy Krieg, Sub Agent P O Box 155 Coupland, Texas 78615</p> <p>Phone: 512 856-2598</p> <p>PRODUCER: Cindy J. Krieg</p> <p>Code:</p>
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POLICY INFORMATION

Policy Form	Dwelling Type	Acres with Dwelling	Effective Date	Expiration Date
CPL				

APPLICANT INFORMATION

Applicant's Occupation	Marital Status	Date of Birth	Social Security #
Co-Applicant's Occupation	Marital Status	Date of Birth	Social Security #

COVERAGES

Liability Limits(Each Occurrence)	Medical Limits(Each Occurrence)	Damage to Property of Others
	\$1,000.00	\$250.00

ENDORSEMENTS

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> PL-2405 Additional Insured <input type="checkbox"/> PL-2405 Additional Residence Premises <input type="checkbox"/> PL-2404 Additional Residence Rented to Others <input type="checkbox"/> PL-2409 Office, Professional Private School, or Studio Use <input type="checkbox"/> PL-2403 Business Visitors Medical Payments <input type="checkbox"/> CG 22 45 Exclusion - Specified Health or Cosmetic Services | <ul style="list-style-type: none"> <input type="checkbox"/> PL-2406 Watercraft <input checked="" type="checkbox"/> CP 100 Fungus or Spore Exclusion <input checked="" type="checkbox"/> CP 200 Dog Exclusion <input type="checkbox"/> CPL-400 All-Terrain Vehicle Coverage <input type="checkbox"/> CPL-600 Specified Animal Exclusion <input type="checkbox"/> Residence Employees |
|--|---|

Comprehensive Personal Liability Application Questions

Y N

- 1. Is the applicant an individual, not a company or corporation? If NO: applicant is not an eligible applicant. Do not submit an application.
- 2. Do the total acres on all locations exceed 9 acres? If yes, STOP and complete a Farm Liability application.
- 3. Are there farm animals on the property? If yes, STOP and complete a Farm Liability application.
- 4. Does applicant farm or ranch the property? If yes, STOP and complete a Farm Liability application.
- 5. Does applicant lease or rent farm land to others? If yes, STOP and complete a Farm Liability application.
- 6. Are there any exotic pets on the property? If yes, what type _____
- 7. Does applicant currently own any animals that have injured or damaged anyone else's property? If yes, specified animal exclusion endorsement will be applied which will have to be signed by insured.
- 8. Does applicant have any pending liability claims that have not been settled and/or have more than 2 prior medical payments or claims in the past 3 years?
- 9. Does applicant have a swimming pool? If yes, is it completely surrounded by a fence with a locked gate? Y N **Submit Photos**
- 10. Does applicant's home have 3 or more steps? If yes, is there a handrail? Y N
- 11. Does applicant own a secondary residence: single family duplex rental owner occupied. **Submit Photos**
- 12. Does applicant have a small office in their home? If yes, provide type of office _____ annual receipts \$ _____
- 13. Does applicant have more than 2 residence employees (maids, cooks, nurses)?
- 14. Indicate primary dwelling type: single family duplex
- 15. Is German American's dec page submitted?
- 16. Are pictures of all 4 sides of the dwelling submitted?

Applicant's statement: I have read the above application and I declare that to the best of my knowledge and belief of the foregoing statements are true.

Applicant's Signature

Date

Agent's Signature

**Agent
Cindy J Krieg**

DOG EXCLUSION ENDORSEMENT

The Policy does not provide for and will not cover any loss caused by any of the following breeds of dogs or dogs having any mix or portion of the following breeds whether owned by you or in your possession or control.

Excluded breeds of dogs: Rottweiler
 Pit bulldog or Staffordshire terrier (or any other breed referred to as such)
 Chow
 Doberman

You, by your signature hereon, consent to the limitation of this endorsement.

Applicant Signature

Date

This exclusion is absolute and supersedes any portion of the policy which is inconsistent with this exclusion or which provides coverage to any party for liability whether directly or vicariously, for such animal.

All other provisions of this policy apply.

**RVOS FARM MUTUAL INSURANCE COMPANY
PRIORITY ONE INSURANCE COMPANY
NEW CENTURY INSURANCE COMPANY
P. O. BOX 6106, TEMPLE, TEXAS 76503
800-792-3084
Fax: (254) 773-4944**

Recurring Automatic Bill Payment Authorization

Our company is pleased to offer our policyholders the convenience of automatic bill payments. Insurance premium payments are made automatically using Electronic Funds Transfer (EFT) or by credit card including debit cards.

Please complete the section that applies below.

Name as shown on account: _____

Account Number: _____ Policy Number: _____

Please forward the following to the above address:

1. Completed form with signature.
2. Attach a voided check for the account you wish to have drafted if selecting EFT.
3. 2 months down payment if submitting by check.

Bank Account Information:

Bank Name: _____ Transit/ABA No: _____

Checking () Savings () Account No: _____

Credit Card Information:

_____ Visa _____ MasterCard _____ Discover _____ American Express

Credit or Debit Card Account Number: _____

Expiration Date: _____ CCV # (on back of card): _____

Cardholder Name as it appears on the card: _____

This authority will remain in full force and effect until written notice of termination is provided to the company in such time and manner as to afford the company and my bank a reasonable opportunity to act upon it.

I authorize the company to initiate credit card or debit entries (EFT) to the account listed above on or after the due date in the amount of the current month's premium. I also understand that the services are established solely for my convenience and may be terminated or modified by the company at any time without notice. I am responsible for the payments to the company in the event that funds cannot be collected from my credit card or bank account.

Signature of Insured

Date

Submit application with a check payable to Priority One for the premium or pay by credit card.
(credit card info: type, name on card, card #, exp. date, CCV#, card zip code)