



Effective Date \_\_\_\_\_

Insured \_\_\_\_\_ Agency/Agent \_\_\_\_\_

Mail Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Risk Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

( ) New Business ( ) Rewrite Old Policy Number \_\_\_\_\_ Bill To: ( ) Member ( ) Mortgagee

Occupancy: ( ) Owner Full-time ( ) Owner Part-time Billed: ( ) Annual ( ) Semi-Annual  
 ( ) Rental ( ) Renters ( ) Mthly ACH ( ) Premium Finance

Specialty: ( ) Builders Risk ( ) Mobile Home

Mortgagee \_\_\_\_\_

Deductible: ( ) \$1000(only available on dwellings under \$100K)  
 ( ) 1% ( ) 2%

Loan # \_\_\_\_\_

**(Note: TIER 2 COUNTIES ONLY – 2% Available Only)**

**FIRE/STORM COVERAGE:**

Built Yr.	Sq. Ft.	Const/Siding	Central Air/Heat? Yes or No	Elec/Plumb/Heat Yr.	Roof Yr.	Roof Type: Hip/Gable/Flat	# Layers	Coverage Amount
_____	_____	_____	_____	_____	_____	_____	_____	\$ _____
							Comp/Standing Seam Metal/Other	

HOUSEHOLD CONTENTS.....\$ \_\_\_\_\_

**OUTBUILDING CONTENTS IS NOT INCLUDED IN HOUSEHOLD CONTENTS AND MUST BE SCHEDULED OUT.**

**BLANKET THEFT COVERAGE:**

( ) \$5,000 ( ) \$10,000 ( ) \$15,000 ( ) \$20,000

**ADDITIONAL COVERAGE ATTACHMENT SHEET TOTALS:**

See Additional Coverage Attachments sheet for all outbuildings and schedules items. \$ \_\_\_\_\_

**OUTBUILDINGS MUST BE SCHEDULED OUT, PLEASE SEE ADDITIONAL COVERAGE ATTACHEMENT SHEET.**

Premium/rates quoted by agent are subject to change after review by underwriters.

**ANNUAL HAZARD PREMIUM.....** \$ \_\_\_\_\_

**Personal Liability and Medical are not included on the policy. This is separate with Priority One through Cindy Krieg at cindy@gafmins.com.**

Inspection/Policy Fee \$ 75.00

**TOTAL ANNUAL PREMIUM DUE .....** \$ \_\_\_\_\_

(Circle One)

Is the home going to be vacant for 60 or more days? Yes or No  
 Have you had 3 or more claims in the last 5 years? Yes or No  
 Do you currently have Homeowners coverage? Yes or No  
 Is this a new purchase? Yes or No

If premium finance agreement is needed from GAFM, please let underwriting know. I/we agree to abide by all rules/regulations of German-American Farm Mutual (GAFM). GAFM is authorized to insure my property. I/we certify that: I/we are the owners of the listed property; there is no additional insurance on this property; and that the information listed is true & correct to the best of my knowledge. I/we understand the policy is Actual Cash Value (ACV) coverage and not Replacement Cost (RCC) unless otherwise stated or indicated. This policy excludes "cosmetic" damage (loss of appearance). Outbuildings must be scheduled, and additional premium paid to be covered.

Date \_\_\_\_\_ Applicant(s) Signature \_\_\_\_\_