

HOMEOWNERS/ DWELLING APPLICATION



PO Box 1250, Indianapolis, IN 46206-1250
www.infarmbureau.com

Policy Number 0007500488

Agent: TYLER GRUBB
(812) 336-0174
1618 W THIRD ST
BLOOMINGTON, IN 47402-0429
tyler.grubb@infarmbureau.com

Named Insured: KAI ZHEN

Total Premium	Effective Date	Expiration Date
\$258.10	11/25/2019	11/25/2020

Applicable Discounts

- Claims Experience Discount
- Full Payment Discount
- Multi-Line Discount
- Paperless Discount
- Protective device(s) - Location 1

POLICY INFORMATION

Previous Carrier	Branch
	UNITED FARM FAMILY MUTUAL INSURANCE COMPANY

BILLING

Bill Account Number	Policy Plan Code	Account Due Date	Total Payment received with application
4579687654	SEMIANNUAL		

Payment Options

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Full Term | <input type="checkbox"/> List Bill | <input type="checkbox"/> 2 Installments |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Direct Bill | <input type="checkbox"/> 4 Installments |
| <input type="checkbox"/> EFT Monthly | | |

APPLICANT INFORMATION

Named Insured

KAI ZHEN
414 W NORTHLANE DR
BLOOMINGTON, IN 47404

DWELLING INFORMATION

Form Type HO 0006 CONDOMINIUM POLICY	Residence Type Primary	No. of Families 01
Dwelling Type Condominium	Year of Construction 1993	Type of Construction Frame
General Condition Excellent	Roof Type Asphalt Shingle	Foundation Type Crawl Space
Location Address 414 W NORTHLANE DR BLOOMINGTON, IN 47404	Heat Type Central/Elec	County/Township MONROE/BLOOMINGTON
		Protective Devices Smoke/ Fire Alarm On Prems/ Deadbolt

- ☐ No] Is the dwelling presently vacant or unoccupied?
How many dogs or other animals (livestock, exotic, or domestic pets) are housed on the premises? 0
- ☐ No] Does the premises have a solid-fuel heating device?
- ☐ No] Any business activities (including day care or home-sharing) on the premises?
- ☐ No] Is there a swimming pool (in-ground or above-ground) on the premises?
- ☐ No] Is the condo rented to others?
- ☐ No] Are there additional dwelling characteristics (supplemental heating, trampoline, renovation updates, etc.)?

COVERAGES

Coverage	Coverage Description	Coverage Amount	Premium
	DEDUCTIBLE: \$1000 LOSS DEDUCTIBLE APPLIES		-\$24.80
A	DWELLING	\$73,000	\$124.00
B	OTHER STRUCTURES	\$0	\$0.00
C	PERSONAL PROPERTY	\$30,000	\$131.60
D	LOSS OF USE	\$6,000	
E	PERSONAL LIABILITY	\$300,000	\$35.60
F	MEDICAL PAYMENT TO OTHERS	\$1,000	

Extended Coverages

Actual Cash Value Roof Surfacing	-\$8.30
No Home Day Care Coverage	\$0.00

APPLICANT'S STATEMENT

- [No] In the past 3 years, has anyone in the applicant's household had any homeowners insurance losses?
In the past 5 years:
- [No] has anyone in the applicant's household been convicted, arrested, or is waiting final disposition of a felony?
- [No] has any insurance company ever canceled, rejected, or declined to renew the applicant, property owner, or anyone in the applicant's household for homeowners, contents, or condo coverage?
- [No] Is the property deeded to someone other than a Named Insured?
- [No] Does any member of the applicant's household own any watercraft?
- [No] Do you desire Water Backup and Sump Overflow Coverage?
- [No] Do you desire Earthquake Coverage?
- [No] Do you desire Scheduled Personal Property Coverage?

NOTICE: I understand that upon completion of an underwriting investigation, I may not qualify for a policy with United Farm Family Mutual Insurance Company, but instead I may be eligible for and offered a policy with UFB Casualty Insurance Company. I also understand that such policy may be subject to coverage modifications which will be described in the Declarations issued by UFB Casualty Insurance Company. I request that in such event, the UFB Casualty Insurance Company policy be issued effective on the date of application. Payment of any additional premium notice will constitute my acceptance of the UFB Casualty Insurance Company's contract for the policy period stated. If I reject the UFB Casualty Insurance Company policy, I understand and agree that I will be charged the premium for that policy from the date of this application, for the time it was in force.

NOTICE: As part of the quoting and underwriting process, we may obtain and review credit reports, motor vehicle records, investigative consumer reports and insurance scores based on such information for all applicants and named insureds. We may use a third party to obtain these reports and insurance scores.

PROXY: United Farm Family Mutual Insurance Company Members

I hereby appoint the Board of Directors of United Farm Family Mutual Insurance Company, and their successors in office, to be my lawful proxy and attorney in fact, and each is authorized to cast my vote and otherwise act on my behalf on any matter which may be put before the membership. This proxy will take effect upon policy inception and continue in force for the full period of that policy, or any other policy I have with the Company, unless revoked on thirty days' advance written notice to the Company Secretary.

I UNDERSTAND THAT the acceptance of a check, electronic fund transfer, electronic debit entry, or credit card charge is only conditional payment of any premium depending upon acceptance thereof upon presentment for payment at a financial institution and that this policy will not afford any coverage (a) for a loss which occurs prior to the date and time signed by the Applicant, or (b) if a check, charge or transfer tendered for payment is dishonored upon presentment. No agent or employee may waive this provision by action or agreement nor shall it be varied by any policy provision or Declarations issued subsequent hereto relating to coverage generally.

I have received a copy of this application and agree that the coverages fit my intentions and desires. I have reviewed my answers to all questions on this application and understand that issuance of a valid policy is dependent upon my truthful answers to all these questions. I understand that if an applicant makes any statement in this application that is: (1) false or incomplete; and (2) material to the risk insured, the Company has the legal right to VOID this policy without providing coverage.

Applicant's Signature **X** Kai Zhen Date and Time: 11/25/2019 10:50 AM

Agent's Name TYLER GRUBB 11/25/2019 10:49:21 AM

MINE SUBSIDENCE INSURANCE

Indiana Code 27-7-9 requires all property insurance Companies doing business in the State of Indiana to offer to provide Mine Subsidence insurance to their insured's with structures to be insured in one of the following Indiana counties:

11- Clay	26- Gibson	53- Monroe	61- Parke	67- Putnam	83- Vermillion
13- Crawford	28- Greene	54- Montgomery	62- Perry	73- Spencer	84- Vigo
14- Daviess	42- Knox	59- Orange	63 - Pike	77- Sullivan	86- Warren
19- Dubois	47- Lawrence	60- Owen	65- Posey	82- Vanderburgh	87- Warrick
23- Fountain	51- Martin				

Annual Premium Per Structure

Amount of Insurance	Dwelling Structure Premium
\$0 to 25,000	\$24.00
25,001 to 40,000	\$30.00
40,001 to 60,000	\$36.00
60,001 to 75,000	\$42.00
75,001 to 100,000	\$60.00
100,001 to 125,000	\$80.00
125,001 to 150,000	\$98.00
150,001 to 175,000	\$114.00
175,001 to 200,000	\$130.00
200,001 to 225,000	\$146.00
225,001 to 250,000	\$163.00
250,001 to 275,000	\$179.00
275,001 to 300,000	\$195.00
300,001 to 325,000	\$211.00
325,001 to 350,000	\$228.00
350,001 to 375,000	\$244.00
375,001 to 400,000	\$260.00
400,001 to 425,000	\$276.00
425,001 to 450,000	\$293.00
450,001 to 475,000	\$309.00
475,001 to 500,000	\$325.00

Amount of Insurance	Non-Dwelling* Structure Premium
\$0 to 25,000	\$42.00
25,001 to 35,000	\$48.00
35,001 to 45,000	\$54.00
45,001 to 55,000	\$60.00
55,001 to 65,000	\$66.00
65,001 to 75,000	\$72.00
75,001 to 85,000	\$75.00
85,001 to 100,000	\$90.00
100,001 to 125,000	\$115.00
125,001 to 150,000	\$138.00
150,001 to 175,000	\$159.00
175,001 to 200,000	\$179.00
200,001 to 225,000	\$207.00
225,001 to 250,000	\$230.00
250,001 to 275,000	\$253.00
275,001 to 300,000	\$276.00
300,001 to 325,000	\$299.00
325,001 to 350,000	\$322.00
350,001 to 375,000	\$345.00
375,001 to 400,000	\$368.00
400,001 to 425,000	\$391.00
425,001 to 450,000	\$414.00
450,001 to 475,000	\$437.00
475,001 to 500,000	\$460.00

*Any structure not used principally for residential purposes.

Please indicate if you desire this coverage by checking YES or NO and signing and dating this form.

- ☒ NO, I do not want Mine Subsidence coverage for direct physical loss caused by mine subsidence.
- ☐ YES, I do want Mine Subsidence coverage on my dwelling equal to the Coverage A property damage limits on my dwelling. There is no evidence of mine subsidence damage to any dwelling structures to be covered under this policy. I understand there is an additional charge for this coverage.
- ☐ YES, I do want Mine Subsidence coverage on my non-dwelling structures. There is no evidence of mine subsidence damage to any non-dwelling structures to be covered under this policy. I understand there is an additional charge for this coverage.
- ☐ NO, I selected Mine Subsidence coverage on my dwelling above but do not want Additional Living Expense Coverage for reasonable and necessary expenses incurred by temporary displacement as a direct result of Mine Subsidence to the covered dwelling structure.

THIS FORM IS REQUIRED BY INDIANA CODE 27-7-9.

Applicant's Signature **X** Kai Zhen

Date and Time: 11/25/2019 10:50 AM

Agent's Name TYLER GRUBB

11/25/2019 10:49:21 AM