

PROPERTY POLICY CHANGE REQUEST
HOMEOWNERS/MOBILE HOMEOWNERS/DWELLING FIRE
INLAND MARINE/YACHT

Term	Und	Date
12		

Policy Number	Eff. Date of Change	Insured's Name	Type <input type="checkbox"/> Change <input type="checkbox"/> Renewal <input type="checkbox"/> Canc
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GENERAL DATA Do not write in shaded areas. Shading indicates reserved for home office use. Complete and attach supplementary forms when required.

<input type="checkbox"/> Add Name Ins	First Name	Last Name	Agent Stamp	Producer
<input type="checkbox"/> Delete Name Ins	First Name	Last Name		
<input type="checkbox"/> Revise Name Ins	First Name	Last Name		
Name Change Result of:	<input type="checkbox"/> Marital Status Change <input type="checkbox"/> Deceased <input type="checkbox"/> Changed Residence <input type="checkbox"/> Payor Change <input type="checkbox"/> Applies to Specific Policies <input type="checkbox"/> Applies to all Policies <input type="checkbox"/> Delete Name (Applicable to Homeowners) <input type="checkbox"/>			

<input type="checkbox"/> Change Residence Address	Street	Is Mailing State Different From Location State?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number
<input type="checkbox"/> Change Mailing Address	City	State	Zip Code	
	County	Territory		
	Phone Number	Rate State		
Account Information	Third Party Bill Name	BILLING ACCOUNT #	Home Office Use	
	Street			
	City	State	Zip Code	
	Cash with Application	Type	Amount	Tech Date DE Tech Date

Mortgagee 1	Name	Change Mortgagee	<input type="checkbox"/> Add <input type="checkbox"/> Replace <input type="checkbox"/> Delete <input type="checkbox"/> Revise
Add -	Street	City	State Zip Code
	Loan Number	Payor	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mortgagee 2	Name	Change Mortgagee	<input type="checkbox"/> Add <input type="checkbox"/> Replace <input type="checkbox"/> Delete <input type="checkbox"/> Revise
Add -	Street	City	State Zip Code
	Loan Number	Payor	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Form Change	Rewrite Information	<input type="checkbox"/> Change AOP Deductible to:	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
<input type="checkbox"/> Change Homeowner Mobile Home Coverage	Homeowners New Form Number: _____	<input type="checkbox"/> Wind/Hail Deductible to:	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000
	A-New Amount \$	B-New Amount \$	C-New Amount \$
	D-New Amount \$	E-New Amount \$	F-New Amount \$

<input type="checkbox"/> Dwelling Fire New/Form #	<input type="checkbox"/> DP 0001 <input type="checkbox"/> 1-Fire <input type="checkbox"/> 2-Fire/EC <input type="checkbox"/> 3-Fire/EC/VMM	<input type="checkbox"/> DP 0002 <input type="checkbox"/> 4-Broad	<input type="checkbox"/> DP 0003 <input type="checkbox"/> 5-Special	Under Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Dwelling Fire Coverage	Dwelling Cov A \$	Contents Cov C \$	Fair Rental Cov D \$	Add Living Exp Cov E \$
	Other Structures \$	Limit \$	Description	

<input type="checkbox"/> Change Location (Mobile Homes & Form 4 Only)	County	Township/Tax/Borough	City	Zip Code	Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Street (If RR# give driving directions and box #)			Tie Downs <input type="checkbox"/> 1-None <input type="checkbox"/> 2-Over The Top and Chassis <input type="checkbox"/> 3-Over the Top only <input type="checkbox"/> 4-Chassis Only	
	Construction <input type="checkbox"/> 1-Frame <input type="checkbox"/> 2-Brick Ven <input type="checkbox"/> 3-Brick <input type="checkbox"/> 4-Sup <input type="checkbox"/> 5-Frame/Alum/Vinyl Siding <input type="checkbox"/> 9-Modular-Rated Frame		Foundation Roof Type <input type="checkbox"/> 7-Enclosed Masonry and Composition Shingle Roof <input type="checkbox"/> 6-All Other Combinations <input type="checkbox"/> 9-Piers/Full Skirting and Composition Shingle Roof		
	Distance to Fire Hydrant Ft	Distance to Fire Station MI	Name of Responding Fire Department	Protection Class	Number Families Year Built

Additional Coverages	Complete necessary blocks, if any, and enter the total of all premiums calculated in this section on front of this application.	Premiums
<input type="checkbox"/> Protection Device	<input type="checkbox"/> Local Smoke <input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input type="checkbox"/> Other (description)	\$
<input type="checkbox"/> Homeowners Advantage Endorsement Coverage (Form 3)		\$
<input type="checkbox"/> Renovations <input type="checkbox"/> Plumbing Date _____ <input type="checkbox"/> Heating/Cooling _____ <input type="checkbox"/> Electric Date _____ <input type="checkbox"/> Roof Date _____	Renovations must be completed by a licensed contractor - Submit Documentation	\$
<input type="checkbox"/> Auto/home discount policy # _____ <input type="checkbox"/> Replacement or Repair Cost for Dwelling _____	Roof Type _____	\$
<input type="checkbox"/> Advantage Endorsement Coverage (Form 3) <input type="checkbox"/> Preferred Endorsement (Form 3)		\$
<input type="checkbox"/> Increased Exposure (pool, trampoline or wood stove) <input type="checkbox"/> Special Hazard		\$
<input type="checkbox"/> Homeowners Solutions Program (Discounts/Surcharges) (A-Y) _____		\$
<input type="checkbox"/> Umbrella or Life Policy Discount: Umbrella Policy # _____ Life Policy # _____		\$

<input type="checkbox"/>	Preferred Unprotected Rating Territory		\$
<input type="checkbox"/>	Supplemental Coverage Endorsement (Form 4,6)	<input type="checkbox"/> Security System <input type="checkbox"/> Gated Entry <input type="checkbox"/> Deadbolt <input type="checkbox"/> Garage <input type="checkbox"/> Off Street <input type="checkbox"/> Roommates or Boarders? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/>	Personal Property Replacement Cost Endorsement		\$
<input type="checkbox"/>	Water Backup of Sewers or Drains or Overflow From a Sump	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$40,000 \$500 deductible applies	\$
<input type="checkbox"/>	Earthquake Coverage <input type="checkbox"/> Frame (Masonry Exclusion Applies) <input type="checkbox"/> Brick	Territory	

OTHER STRUCTURES COVERAGE

<input type="checkbox"/>	Other Structure - HO 0448	Limit \$	Description
<input type="checkbox"/>	Scheduled Personal Floater	Submit Inland Marine Application	

YACHT/INLAND MARINE/OUTBOARD MOTORBOAT

Boat Or Vessel	Vessel Type <input type="checkbox"/> Cabin Cruiser-2 <input type="checkbox"/> Open Cockpit-1 <input type="checkbox"/> Sailboat-3	Type of Motor <input type="checkbox"/> Inboard* <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard*	Deductible Boat: <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	Yacht: <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		
	Manufacturer	Year	Serial Number	Length Ft.		
	Horsepower	Cost \$	Amount Insurance \$	Rate	Premium \$	
	Power Squadron? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hull Material	Coast Guard Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Engine In Separate Compartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Priv. Pleasure Use? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Door/Moor Location		Lay Up Location			
	Lay Up Type <input type="checkbox"/> 1-Afloat <input type="checkbox"/> 2-On Open Land <input type="checkbox"/> 3-Building With Other Boats <input type="checkbox"/> 4-Building Without Other Boats					

Navigation Warranty	Navigation Warranty <input type="checkbox"/> 1-All Navigable Waters <input type="checkbox"/> 3-Great Lakes <input type="checkbox"/> 5-Inland Waters
	Legal Liability <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> \$1,000,000
	Med. Pay. <input type="checkbox"/> Optional Amt. <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$1,000
	Premium \$
	If Liability Extended From Another Policy, Show Policy Number

Motor	Manufacturer	Year	Serial Number
	Horsepower	Cost \$	Amount Insurance \$
	Rate	Premium \$	

Trailer	Manufacturer	Year	Serial Number
	Cost \$	Amount Insurance \$	Rate
	Premium \$		

Other	Description	Premium \$
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<input type="checkbox"/> Additional Coverage	Coverage Description	Coverage Amount \$	Rate	Premium \$
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<input type="checkbox"/> Towing	Per vessel coverage with a required charge for each listed vessel on the policy
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Watercraft Endorsement <small>*Required for Inboard Inboard/Outboard</small>	Navigation Period Begin _____ End _____ # Days _____ Length _____ HP _____ Speed _____
	Description of Boat: _____
	Run an MVR and attach a copy for each operator.

Special Fire Protection Classification	<input type="checkbox"/> ISO Class 9 or 10	-Within 1,000 ft. of a standard accessible public fire hydrant.	<input type="checkbox"/> Preferred Unprotected Rating Territory	-Within 5 driving miles of a recognized responding fire dept.*
	Eligible States: Indiana, Kentucky, West Virginia *Over All Weather Roads	-Within 5 driving miles of a recognized responding fire department.*	*Over All Weather Roads	-Within 3 driving miles of the limits of a municipality serviced by the responding fire department.* -The responding fire department must transport at least 1,200 gallons of water. -The dwelling must be visible year-round by at least 3 neighboring properties.

Remarks	
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Any premium payment submitted with this application will be first applied to ANY PRIOR OUTSTANDING BALANCES owed to Motorists Mutual Insurance Company for policies previously issued to you for which the premium was not paid in full. Any amount of the premium submitted with this application, not applied to an outstanding balance, will be applied to your new policy. Please contact your agent if you have any questions.

Review	Review Date	Type	Ind.	Dept.	Description
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POLICY CANCELLATION

<input type="checkbox"/> Cancel Policy	Eff. Canc. Date	Reason for Cancellation
<input type="checkbox"/> Cancel EFT	Issue Check To:	Mail Check To:

SIGNATURES

Agent's Signature	Insured's Signature	Date Signed
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