

Homeowners Catastrophe Insurance Trust

* * Montana * *

A P P L I C A T I O N (Through Underwriters at Lloyd's, London)

GENERAL INSURED INFORMATION	OTHER (Mortgagee, Etc., ONLY if requiring this insurance)
Name:	Name:
Date of Birth: 1st Named Insured: /	Street:
Street:	City: State: Zip:
City: State: Zip:	Loan #:
Phone: Home (Other (Explain)
Property Location Address (If Different From Above— <u>EXPLAIN</u>) Street:	
City: State: Zip:	
COVERAGE AMOUNT AND PREMIUM SELECT	TION (\$70,000 to \$1,000,000*) [1% Deductible]
The Premium Table below includes all appl	licable policy and state surplus line taxes and fees.
√ Coverage Premium √ Coverage Premium □ \$ 70,000 \$ 343 □ \$ 210,000 \$ 926 □ \$ 75,000 \$ 364 □ \$ 215,000 \$ 947 □ \$ 80,000 \$ 385 □ \$ 220,000 \$ 967 □ \$ 85,000 \$ 406 □ \$ 225,000 \$ 988 □ \$ 95,000 \$ 447 □ \$ 235,000 \$ 1,030 □ \$ 100,000 \$ 468 □ \$ 240,000 \$ 1,030 □ \$ 105,000 \$ 489 □ \$ 245,000 \$ 1,071 □ \$ 115,000 \$ 530 □ \$ 260,000 \$ 1,371 □ \$ 120,000 \$ 551 □ \$ 270,000 \$ 1,175 □ \$ 125,000 \$ 572 □ \$ 280,000 \$ 1,217 □ \$ 135,000 \$ 634 □ \$ 310,000 \$ 1,334 □ \$ 145,000 \$ 634 □ \$ 310,000 \$ 1,342	\$ 450,000
□ Premium Check Payable to HCIT Enclosed.□ Charge \$ to my Credit Card: □ VISA or □ N	MasterCard #Exp:/
Card Security Code or Verification Code: APPLICANT MUST ALSO COMPLETE, SIGN AND D	DATE THE REVERSE SIDE OF THIS APPLICATION FORM

AP-MT-1016 © Trustco, Inc. 2016 Page 1

UNDERWRITING QUESTIONS

The Coverage Amount selected should be at least 100% of the building teplacement of the following period in the past of poet and the past of poet of your home. 2) Year home was built galacter of the past of poet of your home. 3) Year home was built with the past of poet of your home. 4) Construction: 4) Fram Other Dollar Dol	1)	Building replacement cost of your home: \$	13) Please advise if this home, appurtenant structure or nearby home has
2.9 Year hone was hult:			
3) As the applicant, how many years have you lived in the home?	2)	Year home was built:	
4) Construction: Masonry Masonry Masonry Masonry Masonry Masonry Other Other Other Other Other Other Shrit Level Shrit Level Other Shrit Level Other Shrit Level Other Shrit Level Shrit Level Other		As the applicant, how many years have you lived in the home?	
Solid processory Two-Story Two-Story Bi-Level Split Level Other "Note: Mobilehomes and Condos are ned eligible for this coverage.	4)		b) Surface Water
**Note: Mobilehomes and Condo are not eligible for this occurreg. 6) Does home have a basement?			,
*Note: Mobilehomes and Condos are not eligible for this coverage. Does home have a basement? Yes	5)		
6) Does home have a basement?			d) Fully describe the loss: (Use a separate sheet if necessary.)
20 Defining One Family Now Jamily Now Jamil	6)		
8 Is this a Secondary Residence? Yes No No No No No No No N			-
9) Is the home Owner-Occupied? Yes Note The names is "Note; Please sepain Note: If the names is "Note; Please sepain Note: If the names is "Note; Please sepain Note: If the name of the name is a separate Note: If the name of the name is the name of the nam			
*Note: If the answer is "No", please explain 10 St tils defulled for any appurement structure lear, or exposed to flooding from a river, stream, creek, canal, ditch, lake, reservoir, pond, arroyo or wash, or seasonal runoff or accumulation or flow? Yes No if the answer is "Yes", please answer the following: 10 How many horizontal feet is the home or structure lie above or D below the water? ft. 11 St the home situated or built: a In the path of potential landslide, avalanche or mud flow? Yes No No O Upon a landfill? Yes No Yes No O Upon a landfill? Yes No If any answer is "Yes", please explain fully and describe condition: 12 St there any existing damage to structure such as cracking or settling of walls or foundations? Yes No If any answer is "Yes", please explain fully and describe condition: 15 Has any similar coverage as being applied for been declined, cancelled, or non-renewed for this home; previously? Yes No If the answer is "Yes", please explain fully and describe condition: 16 Is similar coverage as being applied for been declined, cancelled, or non-renewed for this home; previously? Yes No If the answer is "Yes", please explain fully and describe condition: 15 Has any similar coverage as being applied for been declined, cancelled, or non-renewed for this home; previously? Yes No If the answer is "Yes", please provide carrier: 16 Is similar coverage as being applied for in effect now or has it been at any time in the past for this home? Yes No If the answer is "Yes", please provide carrier: 16 Is similar coverage as being applied for in effect now or has it been at any time in the past for this home? Yes No If the answer is "Yes", please provide carrier: 16 Is similar coverage as being applied for in effect now or has it been at any time in the past for this home? Yes No If the answer is "Yes", please provide carrier: 16 Is similar coverage as being applied for in ef			
10) Is this dwelling or any appurtenant structure near, or exposed to flooding from a river, stream, creek, canal, ditch, lake, reservoir, pond, arroyo or wash, or seasonal runoff or accumulation or flow? Yes No If the answer is "Yes," please answer the following: a) How many horizontal feet is the home or structure away from the water? ft. b) How many vertical feet does the home or structure away from the water? ft. b) How many vertical feet does the home or structure away from the water? ft. c) What is the name of the body or flow of water? 11) Is the home situated or built 12 13 13 14 15 15 15 15 16 16 16 16	7)	1	, 1
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TRUST ADMINISTRATOR:

Trustco, Inc. 2735 East Parleys Way - Suite 303 Salt Lake City, Utah 84109-1666 Phone: (801) 278-5341 Fax: (801) 278-3629 Toll Free: (800) 644-4334 E-mail: hcit@trustcoinc.com