

Homeowners Catastrophe Insurance Trust

GENERAL INFO	ORMATION	Ī		Applica	ation (I	J nderwritten	by Certain	Under	writers at Llo	oyd's, London)	
Name:			DOB:		Мо	rtgagee (ONLY	if requiring thi	s insura	ince)		
Name:			DOB:		1 st 1	Mortgagee:					
Street:					Loa	n #:					
City:	State:		Zip:								
Home:					City	7:	S	tate:	Zip:		
Mailing Address (if	different than P	roperty	Address listed	above)	2 nd	Mortgagee:					
Street:						Loan #:					
	State: 7in:					Street:					
	: State:							tate:	Zip:		
				`		to \$1,700,000 100% of the buil	- ´	ent cost	of the home		
√ COVERAGE		√ V	COVERAGE	PREMIUM	at icast √	COVERAGE	PREMIUM	√ √	COVERAGE	PREMIUM	
Premium Payment M	_					<i>te surplus line ta</i> L ACH Informa	-	de Pov	able to HCIT		
110mum 1 ayment N	Tust Accompany	Арриса	adon – i icase fi	ovide One; Cre	an Car	ı, acıı inivi illa	aon, Check Ma	ui i aya	ion to HCI		
Credit Card:	VISA Maste	erCard	Credit C	Card #						Exp:	
Cardholder Billing Ad	ldress:										
- unvious Dining M						~			гар.		
ACH Bank Name:				Routin	ng No.:_		Accoun	nt No.:_			
Charge Pri	int Full Name as	it Appe	ars on Card/AC	:Н:			Cardholder/A	CH Sig	nature:		

I hereby authorize HCIT to charge my credit card or process an ACH for the insurance premium amount noted in the rate grid above.

HOMEOWNERS CATASTROPHE INSURANCE TRUST - APPLICATION CONT.

1) 2) 3)	Building replacement cost of the home: \$ Year the home was built: Is the home Owner Occupied? *Note: If "No" please explain why	Yes	No	10) Is there any existing damage to the house such as cracking or settling of walls or foundations? *Note: If answered "Yes", please describe and explain in full:
4)	As the applicant, how many years have you lived in the	he home	?	11) Di antici (Cilo I
5)	Construction: Masonry Masonry Venee Frame Other	er		11) Please advise if the home, appurtenant structure, or nearby home has suffered damage from any of the following perils in the past (include any such losses that you are aware of within at least the past five years):
	*Note: Mobile homes and Condos are <u>not</u> eligible for the	his cover	age.	a) Flood Yes No
6)	Does the home have a basement?	Yes	No	b) Surface Water Yes No
7)	Does the home have a sump pump or similar equipment?	Yes	No	c) Landslide or Earth Movement Yes No
8)	Is the house within <u>one</u> mile of a waterway, river, strea lake, reservoir, pond, arroyo, wash, or in the potential runoff, or any other source of water that could flow ab	path of s	seasonal	*Note: If answered "Yes" to any above, please describe and explain in full:
	*Note: If the answer is "Yes", please answer the follow		110	12) Is your mortgage requiring the purchase of flood insurance on your home?
	a) What is the name of the body or flow of water?			Yes No
	b) How many feet is the structure away from the wa	ater?		*Note: If answered "Yes", please explain and include a full description of
	c) How many <u>vertical</u> feet does the structure lie aboveft. (above)ft. (bel	low)		the floodplain surrounding your property, include designated flood zone:
9)		-	our home?	13) Has any similar coverage being applied for been declined, cancelled, or
	a) In the path of a potential landslide, avalanche, or	ŗ.	Yes No	non-renewed for this home previously? Yes No
	mud flow?b) At the top of, on, or at the base of a steep slope?			*Note: If answered "Yes", please describe and explain in full:
	b) At the top of, on, or at the base of a steep slope?c) Upon a landfill?		Yes No Yes No	
	d) Within <u>one</u> mile of a forest, brush, or grass fire a *Please include month & year of fire if answered yes		Yes No	14) Is similar coverage being applied for in effect now or has been at any time in the past for this home? Yes No
	*Note: If answered "Yes", please describe and explain i	n full:		*Note: If answered "Yes", please describe and explain in full:
Pro PL per *N The	LEASE NOTE: This application is subject to Underwriteriod before coverage will be bound and issued by HCI dote: the waiting period may, at the discretion of the Underwere only evidence of insurance will be issued by HCIT, activities a construction of the Applicant represents that the above SIGNING THIS APPLICATION DOES Management of Applicant(s):	s date be iter appr T. crwriter, b ing under statemen	eing requested roval. If approve the reduced to five the authority on the and facts are	o meet closing requirements on a new mortgage loan?* Yes No ed, the annual premium must be paid in full and there will be a 10-day waiting e (5) days to meet the requirements of a bona fide closing date for a new mortgage. Certain Underwriters at Lloyd's, London. true and that no material facts have been suppressed or misstated. ERWRITERS/COMPANY TO COMPLETE THIS INSURANCE. Date:
	PRODUCING AGENT: Agent/Producer:			SPONSORING ASSOCIATION:
N	Name of Agency:			
Α	Address:			
C	City/State/Zip://	/_		
P	Phone Number:			
E	Email:			

LLOYD'S COVERHOLDER

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