



Homeowners Catastrophe Insurance Trust

****NEVADA****

Application (Underwritten by Certain Underwriters at Lloyd's, London)

GENERAL INFORMATION

Name: _____ DOB: _____ **Mortgagee (ONLY if requiring this insurance)**

Name: _____ DOB: _____ **1st Mortgagee:** _____

Street: _____ **Loan #:** _____

City: _____ State: _____ Zip: _____ - _____ **Street:** _____

Home: () _____ Cell: () _____ **City:** _____ **State:** _____ **Zip:** _____ - _____

Mailing Address (if different than Property Address listed above) **2nd Mortgagee:** _____

Street: _____ **Loan #:** _____

City: _____ State: _____ Zip: _____ - _____ **Street:** _____

City: _____ State: _____ Zip: _____ - _____ **City:** _____ **State:** _____ **Zip:** _____ - _____

COVERAGE AMOUNT AND PREMIUM SELECTION (\$70,000 to \$1,000,000*)

[1% Deductible]

***Note: The coverage amount selected below should be at least 100% of the building replacement cost of the home.**

✓	COVERAGE	PREMIUM	✓	COVERAGE	PREMIUM	✓	COVERAGE	PREMIUM	✓	COVERAGE	PREMIUM
<input type="checkbox"/>	\$70,000	\$303	<input type="checkbox"/>	\$210,000	\$783	<input type="checkbox"/>	\$450,000	\$1,606	<input type="checkbox"/>	\$730,000	\$2,566
<input type="checkbox"/>	\$75,000	\$320	<input type="checkbox"/>	\$215,000	\$800	<input type="checkbox"/>	\$460,000	\$1,640	<input type="checkbox"/>	\$740,000	\$2,600
<input type="checkbox"/>	\$80,000	\$337	<input type="checkbox"/>	\$220,000	\$817	<input type="checkbox"/>	\$470,000	\$1,674	<input type="checkbox"/>	\$750,000	\$2,634
<input type="checkbox"/>	\$85,000	\$354	<input type="checkbox"/>	\$225,000	\$834	<input type="checkbox"/>	\$480,000	\$1,709	<input type="checkbox"/>	\$760,000	\$2,669
<input type="checkbox"/>	\$90,000	\$371	<input type="checkbox"/>	\$230,000	\$851	<input type="checkbox"/>	\$490,000	\$1,743	<input type="checkbox"/>	\$770,000	\$2,703
<input type="checkbox"/>	\$95,000	\$389	<input type="checkbox"/>	\$235,000	\$869	<input type="checkbox"/>	\$500,000	\$1,777	<input type="checkbox"/>	\$780,000	\$2,737
<input type="checkbox"/>	\$100,000	\$406	<input type="checkbox"/>	\$240,000	\$886	<input type="checkbox"/>	\$510,000	\$1,811	<input type="checkbox"/>	\$790,000	\$2,772
<input type="checkbox"/>	\$105,000	\$423	<input type="checkbox"/>	\$245,000	\$903	<input type="checkbox"/>	\$520,000	\$1,846	<input type="checkbox"/>	\$800,000	\$2,806
<input type="checkbox"/>	\$110,000	\$440	<input type="checkbox"/>	\$250,000	\$920	<input type="checkbox"/>	\$530,000	\$1,880	<input type="checkbox"/>	\$810,000	\$2,840
<input type="checkbox"/>	\$115,000	\$457	<input type="checkbox"/>	\$260,000	\$954	<input type="checkbox"/>	\$540,000	\$1,914	<input type="checkbox"/>	\$820,000	\$2,874
<input type="checkbox"/>	\$120,000	\$474	<input type="checkbox"/>	\$270,000	\$989	<input type="checkbox"/>	\$550,000	\$1,949	<input type="checkbox"/>	\$830,000	\$2,909
<input type="checkbox"/>	\$125,000	\$491	<input type="checkbox"/>	\$280,000	\$1,023	<input type="checkbox"/>	\$560,000	\$1,983	<input type="checkbox"/>	\$840,000	\$2,943
<input type="checkbox"/>	\$130,000	\$509	<input type="checkbox"/>	\$290,000	\$1,057	<input type="checkbox"/>	\$570,000	\$2,017	<input type="checkbox"/>	\$850,000	\$2,977
<input type="checkbox"/>	\$135,000	\$526	<input type="checkbox"/>	\$300,000	\$1,091	<input type="checkbox"/>	\$580,000	\$2,051	<input type="checkbox"/>	\$860,000	\$3,012
<input type="checkbox"/>	\$140,000	\$543	<input type="checkbox"/>	\$310,000	\$1,126	<input type="checkbox"/>	\$590,000	\$2,086	<input type="checkbox"/>	\$870,000	\$3,046
<input type="checkbox"/>	\$145,000	\$560	<input type="checkbox"/>	\$320,000	\$1,160	<input type="checkbox"/>	\$600,000	\$2,120	<input type="checkbox"/>	\$880,000	\$3,080
<input type="checkbox"/>	\$150,000	\$577	<input type="checkbox"/>	\$330,000	\$1,194	<input type="checkbox"/>	\$610,000	\$2,154	<input type="checkbox"/>	\$890,000	\$3,114
<input type="checkbox"/>	\$155,000	\$594	<input type="checkbox"/>	\$340,000	\$1,229	<input type="checkbox"/>	\$620,000	\$2,189	<input type="checkbox"/>	\$900,000	\$3,149
<input type="checkbox"/>	\$160,000	\$611	<input type="checkbox"/>	\$350,000	\$1,263	<input type="checkbox"/>	\$630,000	\$2,223	<input type="checkbox"/>	\$910,000	\$3,183
<input type="checkbox"/>	\$165,000	\$629	<input type="checkbox"/>	\$360,000	\$1,297	<input type="checkbox"/>	\$640,000	\$2,257	<input type="checkbox"/>	\$920,000	\$3,217
<input type="checkbox"/>	\$170,000	\$646	<input type="checkbox"/>	\$370,000	\$1,331	<input type="checkbox"/>	\$650,000	\$2,291	<input type="checkbox"/>	\$930,000	\$3,252
<input type="checkbox"/>	\$175,000	\$663	<input type="checkbox"/>	\$380,000	\$1,366	<input type="checkbox"/>	\$660,000	\$2,326	<input type="checkbox"/>	\$940,000	\$3,286
<input type="checkbox"/>	\$180,000	\$680	<input type="checkbox"/>	\$390,000	\$1,400	<input type="checkbox"/>	\$670,000	\$2,360	<input type="checkbox"/>	\$950,000	\$3,320
<input type="checkbox"/>	\$185,000	\$697	<input type="checkbox"/>	\$400,000	\$1,434	<input type="checkbox"/>	\$680,000	\$2,394	<input type="checkbox"/>	\$960,000	\$3,354
<input type="checkbox"/>	\$190,000	\$714	<input type="checkbox"/>	\$410,000	\$1,469	<input type="checkbox"/>	\$690,000	\$2,429	<input type="checkbox"/>	\$970,000	\$3,389
<input type="checkbox"/>	\$195,000	\$731	<input type="checkbox"/>	\$420,000	\$1,503	<input type="checkbox"/>	\$700,000	\$2,463	<input type="checkbox"/>	\$980,000	\$3,423
<input type="checkbox"/>	\$200,000	\$749	<input type="checkbox"/>	\$430,000	\$1,537	<input type="checkbox"/>	\$710,000	\$2,497	<input type="checkbox"/>	\$990,000	\$3,457
<input type="checkbox"/>	\$205,000	\$766	<input type="checkbox"/>	\$440,000	\$1,571	<input type="checkbox"/>	\$720,000	\$2,531	<input type="checkbox"/>	\$1,000,000	\$3,492

The premium table above includes all applicable policy and state surplus line taxes and fees.

Premium Payment Must Accompany Application – Make Check Payable to HCIT

Charge \$ _____ **Credit Card:** VISA or MasterCard # _____ **Exp:** ____/____/____

Print Full Name as it Appears on Card/ACH: _____

Cardholder Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

ACH Bank Name: _____ **Routing No.:** _____ **Account No.:** _____

Cardholder/ACH Signature: _____

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

APPLICANT MUST ALSO COMPLETE, SIGN AND DATE THE REVERSE SIDE OF THIS APPLICATION FORM.

HOMEOWNERS CATASTROPHE INSURANCE TRUST – APPLICATION CONT.

- 1) Building replacement cost of the home: \$ _____
- 2) Year the home was built: _____
- 3) Dwelling: One Family Two Family
- 4) Dwelling Type: One-Story Two-Story
 Bi-Level Split-Level Other _____ *
- 5) Is the home Owner Occupied? Yes No
 *Note: If "No" please explain why _____
- 6) As the applicant, how many years have you lived in the home?
- 7) Construction: Masonry Masonry Veneer
 Frame Other _____
- *Note: Mobile homes and Condos are not eligible for this coverage.
- 8) Does the home have a basement? Yes No
- 9) Does the basement have a sump pump or similar equipment?
 Yes No
- 10) Is the house within one mile of a waterway, river, stream, creek, canal, ditch, lake, reservoir, pond, arroyo, wash, or in the potential path of seasonal runoff, or any other source of water that could flow above ground?
 Yes No
- *Note: If the answer is "Yes", please answer the following:
- a) What is the name of the body or flow of water? _____
- b) How many feet is the structure away from the water? _____ ft.
- c) How many vertical feet does the structure lie above or below the water?
 _____ ft. (above) _____ ft. (below)
- 11) Is the home situated or built:
- a) In the path of a potential landslide, avalanche, or mud flow? Yes No
- b) At the top of, on, or at the base of a steep slope? Yes No
- c) Upon a landfill? Yes No
- d) Within one mile of a forest, brush, or grass fire area? Yes No
 *Please include month & year of fire if answered yes
- *Note: If answered "Yes" to any above, please describe and explain in full:

- 12) Is there any existing damage to the house such as cracking or settling of walls or foundations? Yes No
 *Note: If answered "Yes", please describe and explain in full:

- 13) 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):
- a) Flood Yes No
- b) Surface Water Yes No
- c) Landslide or Earth Movement Yes No
- *Note: If answered "Yes" to any above, please describe and explain in full:

- 14) Is your mortgage requiring the purchase of flood insurance on your home?
 Yes No
 *Note: If answered "Yes", please explain and include a full description of the floodplain surrounding your property: _____
- 15) Has any similar coverage being applied for been declined, cancelled, or non-renewed for this home previously? Yes No
 *Note: If answered "Yes", please describe and explain in full:

- 16) 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 in full:

PROPOSED EFFECTIVE DATE AND APPLICANT SIGNATURE

Proposed Effective Date: _____ Is this date being requested to meet closing requirements on a new mortgage loan?* Yes No

PLEASE NOTE this application is subject to Underwriter approval (after annual premium is paid in full) before coverage will be bound and issued by HCIT. If approved there will be a 10-day waiting period before coverage will be bound. (*Note: the waiting period may, at the discretion of the Underwriter, be reduced to five (5) days to meet the requirements of a bona fide closing date for a new mortgage). The only evidence of insurance will be issued by HCIT, acting under the authority of Certain Underwriters at Lloyd's, London.

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

SIGNING THIS APPLICATION DOES NOT BIND THE UNDERWRITERS/COMPANY TO COMPLETE THIS INSURANCE.

Signature of Applicant(s): _____ / _____ Date: _____

<p>PRODUCING AGENT:</p> <p>Agent/Producer: _____</p> <p>Name of Agency: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____ / _____ / _____</p> <p>Phone No.: () _____</p> <p>Email: _____</p>	<p>SPONSORING ASSOCIATION:</p> <p style="text-align: center;">NEVADA INDEPENDENT INSURANCE AGENTS 491 COURT STREET RENO, NEVADA 89501 (775) 499-5988 EXT.203</p>
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LLOYD'S COVERHOLDER