



Homeowners Catastrophe Insurance Trust

* * Washington * *

(Excluding King County)

APPLICATION (Through Underwriters at Lloyd's, London)

GENERAL INSURED INFORMATION

<p>Name: _____</p> <p>Date of Birth: 1st Named Insured: ___/___/___ 2nd Named Insured: ___/___/___</p> <p>Street: _____</p> <p>City: _____ State: ___ Zip: _____</p> <p>Phone: Home (____) _____ - _____ Work (____) _____ - _____</p> <p>Property Location Address (If Different From Above—<u>EXPLAIN</u>)</p> <p>Street: _____</p> <p>City: _____ State: ___ Zip: _____</p>	<p>OTHER (Mortgagee, Etc., <u>ONLY</u> if requiring this insurance)</p> <p>Name: _____</p> <p>Street: _____</p> <p>City: _____ State: ___ Zip: _____</p> <p>Loan #: _____</p> <p>Other (Explain) _____</p>
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COVERAGE AMOUNT AND PREMIUM SELECTION (\$70,000 to \$1,000,000*)

The Premium Table below includes all applicable policy and state surplus line taxes and fees.

✓ Coverage	Premium	✓ Coverage	Premium	✓ Coverage	Premium	✓ Coverage	Premium
<input type="checkbox"/> \$ 70,000	\$ 299	<input type="checkbox"/> \$ 210,000	\$ 791	<input type="checkbox"/> \$ 450,000	\$ 1,634	<input type="checkbox"/> \$ 730,000	\$ 2,618
<input type="checkbox"/> \$ 75,000	\$ 316	<input type="checkbox"/> \$ 215,000	\$ 808	<input type="checkbox"/> \$ 460,000	\$ 1,669	<input type="checkbox"/> \$ 740,000	\$ 2,653
<input type="checkbox"/> \$ 80,000	\$ 334	<input type="checkbox"/> \$ 220,000	\$ 826	<input type="checkbox"/> \$ 470,000	\$ 1,704	<input type="checkbox"/> \$ 750,000	\$ 2,689
<input type="checkbox"/> \$ 85,000	\$ 351	<input type="checkbox"/> \$ 225,000	\$ 843	<input type="checkbox"/> \$ 480,000	\$ 1,740	<input type="checkbox"/> \$ 760,000	\$ 2,724
<input type="checkbox"/> \$ 90,000	\$ 369	<input type="checkbox"/> \$ 230,000	\$ 861	<input type="checkbox"/> \$ 490,000	\$ 1,775	<input type="checkbox"/> \$ 770,000	\$ 2,759
<input type="checkbox"/> \$ 95,000	\$ 386	<input type="checkbox"/> \$ 235,000	\$ 879	<input type="checkbox"/> \$ 500,000	\$ 1,810	<input type="checkbox"/> \$ 780,000	\$ 2,794
<input type="checkbox"/> \$ 100,000	\$ 404	<input type="checkbox"/> \$ 240,000	\$ 896	<input type="checkbox"/> \$ 510,000	\$ 1,845	<input type="checkbox"/> \$ 790,000	\$ 2,829
<input type="checkbox"/> \$ 105,000	\$ 422	<input type="checkbox"/> \$ 245,000	\$ 914	<input type="checkbox"/> \$ 520,000	\$ 1,880	<input type="checkbox"/> \$ 800,000	\$ 2,864
<input type="checkbox"/> \$ 110,000	\$ 439	<input type="checkbox"/> \$ 250,000	\$ 931	<input type="checkbox"/> \$ 530,000	\$ 1,915	<input type="checkbox"/> \$ 810,000	\$ 2,899
<input type="checkbox"/> \$ 115,000	\$ 457	<input type="checkbox"/> \$ 260,000	\$ 966	<input type="checkbox"/> \$ 540,000	\$ 1,951	<input type="checkbox"/> \$ 820,000	\$ 2,935
<input type="checkbox"/> \$ 120,000	\$ 474	<input type="checkbox"/> \$ 270,000	\$ 1,002	<input type="checkbox"/> \$ 550,000	\$ 1,986	<input type="checkbox"/> \$ 830,000	\$ 2,970
<input type="checkbox"/> \$ 125,000	\$ 492	<input type="checkbox"/> \$ 280,000	\$ 1,037	<input type="checkbox"/> \$ 560,000	\$ 2,021	<input type="checkbox"/> \$ 840,000	\$ 3,005
<input type="checkbox"/> \$ 130,000	\$ 509	<input type="checkbox"/> \$ 290,000	\$ 1,072	<input type="checkbox"/> \$ 570,000	\$ 2,056	<input type="checkbox"/> \$ 850,000	\$ 3,040
<input type="checkbox"/> \$ 135,000	\$ 527	<input type="checkbox"/> \$ 300,000	\$ 1,107	<input type="checkbox"/> \$ 580,000	\$ 2,091	<input type="checkbox"/> \$ 860,000	\$ 3,075
<input type="checkbox"/> \$ 140,000	\$ 545	<input type="checkbox"/> \$ 310,000	\$ 1,142	<input type="checkbox"/> \$ 590,000	\$ 2,126	<input type="checkbox"/> \$ 870,000	\$ 3,110
<input type="checkbox"/> \$ 145,000	\$ 562	<input type="checkbox"/> \$ 320,000	\$ 1,177	<input type="checkbox"/> \$ 600,000	\$ 2,161	<input type="checkbox"/> \$ 880,000	\$ 3,146
<input type="checkbox"/> \$ 150,000	\$ 580	<input type="checkbox"/> \$ 330,000	\$ 1,212	<input type="checkbox"/> \$ 610,000	\$ 2,197	<input type="checkbox"/> \$ 890,000	\$ 3,181
<input type="checkbox"/> \$ 155,000	\$ 597	<input type="checkbox"/> \$ 340,000	\$ 1,248	<input type="checkbox"/> \$ 620,000	\$ 2,232	<input type="checkbox"/> \$ 900,000	\$ 3,216
<input type="checkbox"/> \$ 160,000	\$ 615	<input type="checkbox"/> \$ 350,000	\$ 1,283	<input type="checkbox"/> \$ 630,000	\$ 2,267	<input type="checkbox"/> \$ 910,000	\$ 3,251
<input type="checkbox"/> \$ 165,000	\$ 632	<input type="checkbox"/> \$ 360,000	\$ 1,318	<input type="checkbox"/> \$ 640,000	\$ 2,302	<input type="checkbox"/> \$ 920,000	\$ 3,286
<input type="checkbox"/> \$ 170,000	\$ 650	<input type="checkbox"/> \$ 370,000	\$ 1,353	<input type="checkbox"/> \$ 650,000	\$ 2,337	<input type="checkbox"/> \$ 930,000	\$ 3,321
<input type="checkbox"/> \$ 175,000	\$ 668	<input type="checkbox"/> \$ 380,000	\$ 1,388	<input type="checkbox"/> \$ 660,000	\$ 2,372	<input type="checkbox"/> \$ 940,000	\$ 3,356
<input type="checkbox"/> \$ 180,000	\$ 685	<input type="checkbox"/> \$ 390,000	\$ 1,423	<input type="checkbox"/> \$ 670,000	\$ 2,407	<input type="checkbox"/> \$ 950,000	\$ 3,392
<input type="checkbox"/> \$ 185,000	\$ 703	<input type="checkbox"/> \$ 400,000	\$ 1,458	<input type="checkbox"/> \$ 680,000	\$ 2,443	<input type="checkbox"/> \$ 960,000	\$ 3,427
<input type="checkbox"/> \$ 190,000	\$ 720	<input type="checkbox"/> \$ 410,000	\$ 1,494	<input type="checkbox"/> \$ 690,000	\$ 2,478	<input type="checkbox"/> \$ 970,000	\$ 3,462
<input type="checkbox"/> \$ 195,000	\$ 738	<input type="checkbox"/> \$ 420,000	\$ 1,529	<input type="checkbox"/> \$ 700,000	\$ 2,513	<input type="checkbox"/> \$ 980,000	\$ 3,497
<input type="checkbox"/> \$ 200,000	\$ 756	<input type="checkbox"/> \$ 430,000	\$ 1,564	<input type="checkbox"/> \$ 710,000	\$ 2,548	<input type="checkbox"/> \$ 990,000	\$ 3,532
<input type="checkbox"/> \$ 205,000	\$ 773	<input type="checkbox"/> \$ 440,000	\$ 1,599	<input type="checkbox"/> \$ 720,000	\$ 2,583	<input type="checkbox"/> \$ 1,000,000	\$ 3,567
						<input type="checkbox"/> \$	\$

*Limits above \$1,000,000 may be available. Call for premium and enter here —>

Premium Payment Must Accompany Application

Premium Check Payable to HCIT Enclosed.

Charge \$ _____ to my Credit Card: VISA or MasterCard # _____ Exp: ___/___

Print applicants full name as it appears on card: _____

Cardholder's signature: _____

Cardholder's Billing Address: _____

Card Security Code or Verification Code: _____

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

UNDERWRITING QUESTIONS

- 1) Building replacement cost of your home: \$ _____
The Coverage Amount selected should be at least 100% of the building replacement cost of your home.
- 2) Year home was built: _____
- 3) As the applicant, how many years have you lived in the home? _____
- 4) Construction: Masonry Masonry Veneer
 Frame Other _____
- 5) Dwelling Type: One-Story Two-Story
 Bi-Level Split Level Other _____*
- *Note:** Mobile homes and Condos are not eligible for this coverage.
- 6) Does home have a basement? Yes No
- 7) Dwelling: One Family Two Family
- 8) Is this a Secondary Residence? Yes No
- 9) Is the home Owner-Occupied? Yes No*
- *Note:** If the answer is "No", please explain: _____
- 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 lie above or below the water? _____ ft.
c) What is the name of the body or flow of water? _____
- 11) Is the home situated or built:
a) In the path of potential landslide, avalanche or mud flow? Yes No
b) On top of, On or at the base of a steep slope? Yes No
c) Upon a landfill? Yes No
If any answer is "Yes", please explain fully and describe condition:

- 12) Is 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:

- 13) Please advise if this home, appurtenant structure or nearby home has suffered damage from any of the following perils in the past (your answer should include any such losses that you are aware of, and must cover at least the past five years):
a) Flood Yes No
b) Surface Water Yes No
c) Landslide or Earth Movement Yes No
If any answer is "Yes", please submit the following information:
d) Fully describe the loss: (Use a separate sheet if necessary.)

e) Provide specific details of measures taken to prevent similar losses, by the applicant or public authorities: (Use a separate sheet if necessary.)

- 14) Is your mortgagee requiring the purchase of flood insurance on your home?
 Yes No
If the answer is "Yes", please explain and include a full description of the flood plain surrounding your property. _____

- 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: _____
- 16) Is similar coverage as being applied for in effect or has it been at any time in the past for this home? Yes No
If the answer is "Yes", please provide carrier: _____

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 that your insurance will be effective on the Proposed Effective Date shown above, OR ten (10) days* from the date your application (with your premium payment) has been date-stamped by the Administrator of the Trust and accepted by the Underwriter, WHICHEVER IS LATER. (*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 loan.)
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: _____ Date: _____

PRODUCING AGENT:

Name of Agency: _____
Address: _____
City/State/Zip: _____ St: _____ Zip: _____
Phone: (____) _____ - _____
Contact: _____

ASSOCIATION:

INDEPENDENT INSURANCE AGENTS OF WASHINGTON
P. O. Box 6459
Bellevue, Washington 98008-0459
(425) 649-0102

TRUST ADMINISTRATOR:

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