



# Homeowners Catastrophe Insurance Trust

\*\*Montana\*\* 

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

## GENERAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Mortgagee (ONLY if requiring this insurance)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 1<sup>st</sup> Mortgagee: \_\_\_\_\_

Street: \_\_\_\_\_ Loan #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Street: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if different than Property Address listed above) 2<sup>nd</sup> Mortgagee: \_\_\_\_\_

Street: \_\_\_\_\_ Loan #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

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

[5% 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	\$305	<input type="checkbox"/>	\$210,000	\$790	<input type="checkbox"/>	\$450,000	\$1,623	<input type="checkbox"/>	\$730,000	\$2,594
<input type="checkbox"/>	\$75,000	\$322	<input type="checkbox"/>	\$215,000	\$808	<input type="checkbox"/>	\$460,000	\$1,657	<input type="checkbox"/>	\$740,000	\$2,628
<input type="checkbox"/>	\$80,000	\$340	<input type="checkbox"/>	\$220,000	\$825	<input type="checkbox"/>	\$470,000	\$1,692	<input type="checkbox"/>	\$750,000	\$2,663
<input type="checkbox"/>	\$85,000	\$357	<input type="checkbox"/>	\$225,000	\$842	<input type="checkbox"/>	\$480,000	\$1,727	<input type="checkbox"/>	\$760,000	\$2,698
<input type="checkbox"/>	\$90,000	\$374	<input type="checkbox"/>	\$230,000	\$860	<input type="checkbox"/>	\$490,000	\$1,761	<input type="checkbox"/>	\$770,000	\$2,732
<input type="checkbox"/>	\$95,000	\$392	<input type="checkbox"/>	\$235,000	\$877	<input type="checkbox"/>	\$500,000	\$1,796	<input type="checkbox"/>	\$780,000	\$2,767
<input type="checkbox"/>	\$100,000	\$409	<input type="checkbox"/>	\$240,000	\$894	<input type="checkbox"/>	\$510,000	\$1,831	<input type="checkbox"/>	\$790,000	\$2,802
<input type="checkbox"/>	\$105,000	\$426	<input type="checkbox"/>	\$245,000	\$912	<input type="checkbox"/>	\$520,000	\$1,865	<input type="checkbox"/>	\$800,000	\$2,836
<input type="checkbox"/>	\$110,000	\$444	<input type="checkbox"/>	\$250,000	\$929	<input type="checkbox"/>	\$530,000	\$1,900	<input type="checkbox"/>	\$810,000	\$2,871
<input type="checkbox"/>	\$115,000	\$461	<input type="checkbox"/>	\$260,000	\$964	<input type="checkbox"/>	\$540,000	\$1,935	<input type="checkbox"/>	\$820,000	\$2,906
<input type="checkbox"/>	\$120,000	\$478	<input type="checkbox"/>	\$270,000	\$998	<input type="checkbox"/>	\$550,000	\$1,969	<input type="checkbox"/>	\$830,000	\$2,940
<input type="checkbox"/>	\$125,000	\$496	<input type="checkbox"/>	\$280,000	\$1,033	<input type="checkbox"/>	\$560,000	\$2,004	<input type="checkbox"/>	\$840,000	\$2,975
<input type="checkbox"/>	\$130,000	\$513	<input type="checkbox"/>	\$290,000	\$1,068	<input type="checkbox"/>	\$570,000	\$2,039	<input type="checkbox"/>	\$850,000	\$3,010
<input type="checkbox"/>	\$135,000	\$530	<input type="checkbox"/>	\$300,000	\$1,102	<input type="checkbox"/>	\$580,000	\$2,073	<input type="checkbox"/>	\$860,000	\$3,044
<input type="checkbox"/>	\$140,000	\$548	<input type="checkbox"/>	\$310,000	\$1,137	<input type="checkbox"/>	\$590,000	\$2,108	<input type="checkbox"/>	\$870,000	\$3,079
<input type="checkbox"/>	\$145,000	\$565	<input type="checkbox"/>	\$320,000	\$1,172	<input type="checkbox"/>	\$600,000	\$2,143	<input type="checkbox"/>	\$880,000	\$3,114
<input type="checkbox"/>	\$150,000	\$582	<input type="checkbox"/>	\$330,000	\$1,207	<input type="checkbox"/>	\$610,000	\$2,178	<input type="checkbox"/>	\$890,000	\$3,148
<input type="checkbox"/>	\$155,000	\$600	<input type="checkbox"/>	\$340,000	\$1,241	<input type="checkbox"/>	\$620,000	\$2,212	<input type="checkbox"/>	\$900,000	\$3,183
<input type="checkbox"/>	\$160,000	\$617	<input type="checkbox"/>	\$350,000	\$1,276	<input type="checkbox"/>	\$630,000	\$2,247	<input type="checkbox"/>	\$910,000	\$3,218
<input type="checkbox"/>	\$165,000	\$634	<input type="checkbox"/>	\$360,000	\$1,311	<input type="checkbox"/>	\$640,000	\$2,282	<input type="checkbox"/>	\$920,000	\$3,253
<input type="checkbox"/>	\$170,000	\$652	<input type="checkbox"/>	\$370,000	\$1,345	<input type="checkbox"/>	\$650,000	\$2,316	<input type="checkbox"/>	\$930,000	\$3,287
<input type="checkbox"/>	\$175,000	\$669	<input type="checkbox"/>	\$380,000	\$1,380	<input type="checkbox"/>	\$660,000	\$2,351	<input type="checkbox"/>	\$940,000	\$3,322
<input type="checkbox"/>	\$180,000	\$686	<input type="checkbox"/>	\$390,000	\$1,415	<input type="checkbox"/>	\$670,000	\$2,386	<input type="checkbox"/>	\$950,000	\$3,357
<input type="checkbox"/>	\$185,000	\$704	<input type="checkbox"/>	\$400,000	\$1,449	<input type="checkbox"/>	\$680,000	\$2,420	<input type="checkbox"/>	\$960,000	\$3,391
<input type="checkbox"/>	\$190,000	\$721	<input type="checkbox"/>	\$410,000	\$1,484	<input type="checkbox"/>	\$690,000	\$2,455	<input type="checkbox"/>	\$970,000	\$3,426
<input type="checkbox"/>	\$195,000	\$738	<input type="checkbox"/>	\$420,000	\$1,519	<input type="checkbox"/>	\$700,000	\$2,490	<input type="checkbox"/>	\$980,000	\$3,461
<input type="checkbox"/>	\$200,000	\$756	<input type="checkbox"/>	\$430,000	\$1,553	<input type="checkbox"/>	\$710,000	\$2,524	<input type="checkbox"/>	\$990,000	\$3,495
<input type="checkbox"/>	\$205,000	\$773	<input type="checkbox"/>	\$440,000	\$1,588	<input type="checkbox"/>	\$720,000	\$2,559	<input type="checkbox"/>	\$1,000,000	\$3,530

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><b>PRODUCING AGENT:</b></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><b>SPONSORING ASSOCIATION:</b></p> <p><b>INDEPENDENT INSURANCE AGENTS OF MONTANA</b></p> <p>3131 Dredge Drive Helena, MT 59602 (406) 442-9555</p>
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**LLOYD'S COVERHOLDER**