

Bear River Mutual Insurance Company

Murray, Utah

HOMEOWNERS INSURANCE Additional Owner Form

Policy Number _____

Date _____

Present Named Insured _____

Address _____

City, ST, Zip _____

ADDITIONAL OWNER INFORMATION

Name(s) of New Insured(s) _____

Prior Address _____

Home Phone _____

Business Phone _____

Social Security Numbers Requested Husband _____ D/B _____

Wife _____ D/B _____

Other _____ D/B _____

What is the relationship to the prior owner? _____

Occupation of:

Insured/Employer/Address _____

Spouse/Employer/Address _____

Other/Employer/Address _____

Any smoker living in household? Yes No

Any income producing activities in the home? _____ Any full-time baby-sitting/day-care? _____

Other articles or collections of great value (guns, antiques, jewelry, silver, etc.) _____

Kind and number of Dogs and/or Horses kept? _____

List any losses for F, EC, Theft, CPL past three years? _____ Age of children _____

Has any insurer declined to renew or cancelled any fire, theft, or personal liability insurance? Yes No

If yes, why? _____

Give any unusual information or instruction about this risk _____

IMPORTANT NOTICE REGARDING THE FAIR REPORTING ACT:

In making this application for insurance it is understood that as part of our underwriting procedures, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to the character, general reputation, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. Upon your written request we will furnish in writing a description of the nature and scope of the investigation request.

Signature of New Applicant _____

Date _____

Signature of Agent _____

Date _____