

PRODUCER: _____

MexiHome® - Special Homeowners Program for Mexico

Producer Code: _____ Phone: (____) _____

APPLICATION FOR HOMEOWNERS INSURANCE IN MEXICO
SOLICITUD DE SEGURO DOMICILIARIO PARA RESIDENCIAS EN MEXICO

IMPORTANT NOTICE: This insurance will apply only in Mexico. No coverage is afforded in the USA or under the U.S. legal system.

APPLICANT'S INFORMATION (NAME AND MAILING ADDRESS) / NOMBRE Y DIRECCION POSTAL DEL SOLICITANTE

NAME OF APPLICANT / NOMBRE DEL SOLICITANTE		TELEPHONE IN THE USA () () ()	TELEPHONE IN MEXICO () () ()
PRINCIPAL RESIDENCE ADDRESS IN THE USA (No P.O. Boxes)		CITY	STATE
			ZIP CODE

INFORMATION ABOUT THE LOCATION IN MEXICO / INFORMACION SOBRE EL PREDIO EN MEXICO

PROPERTY TYPE (Tipo de Vivienda)	STAND ALONE HOME (Vivienda Sola)	TOWNHOME (Casa en Serie)	CONDOMINIUM (Condominio)	APARTMENT (Departamento)	OTHER Describe:
EXACT STREET ADDRESS (DIRECCION DEL PREDIO)		CITY (CIUDAD-COLO)	STATE (ESTADO)	MX POSTAL CODE	

ORIGINAL YEAR BUILT (Año Construido)	# OF STORIES # de Pisos ENTER TOTAL	MAIN STRUCTURE Estructura Principal Size / Tamaño Sq. Ft.	OTHER STRUCTURES Otras Estructuras Total Size / Tamaño Sq. Ft.	LOT AREA Area del Predio ENTER TOTAL Sq. Ft.
ENTER YEAR OF LATEST UPDATE OR RENOVATION, IF ANY, FOR: Año de últimas mejoras a:	ROOF (Techos)	PLUMBING (Plomería)	HEATING (Calefacción)	FLOORING (Pavimentado)
CURRENT INSURANCE	Insurance Company	Policy Number	Expiration Date	Annual Premium
			Ever Cancelled by Co?	Ever NonRenewed?

REQUESTED POLICY PERIOD / VIGENCIA SOLICITADA

REQUESTED POLICY PERIOD	FROM DESDE	TO HASTA	12:01 AM
	MONTH DAY YEAR	MONTH DAY YEAR	

REQUESTED COVERAGES AND LIMITS OF LIABILITY / COBERTURAS Y SUMAS ASEGURADAS

Section	Coverages / Coberturas (Check Requested Items below)	Check Coverage Type and Enter Values as applicable		MINIMUM DEDUCTIBLES Per Loss / Event	Company Use
		HomeOwners	Apartment/Condo		
I Property Coverages	A: Dwelling Value Replacement Cost	Enter Limit: \$	NOT COVERED	Theft: \$1,000.-	
	B: Other Structures Up to 10% of Coverage A	Enter Limit: \$	NOT COVERED	All Other Perils: \$500.-	
	C: Personal Property-Repl. Cost 10% to 50% of Coverage A	Enter Limit: \$	Enter Limit: \$	Loss of Use: 3 Days Waiting Period	
	D1: Additional Living Expense Up to 20% of A or 40% of C	Enter Limit: \$	Enter Limit: \$	Loss of Rents: \$1,000.-	
	D2: Loss of Rents -Annual Rental Up to 20% of A or 40% of C	Enter Limit: \$	Enter Limit: \$		
	Debris Removal Up to 10% of A or 20% of C	Enter Limit: \$	Enter Limit: \$		
II Liability	E: Personal Liability in Mexico Limit Per Occurrence	\$300,000	\$100,000	NO DEDUCTIBLES for Section II	
	Check Selected Limit	\$500,000	\$300,000		
		\$1,000,000	\$500,000		
III Catastrophic Losses	F: Medical Payments in Mexico	\$1,000 per Person	\$1,000 per Person	2% of Combined Limit, PLUS 20% of each Loss	
	G: Earthquake & Volcanic Eruption	Combined Sum of all the limits for the selected Section I Coverages above and Section IV Coverages Below	Combined Sum of all the limits for the selected Section I Coverages above and Section IV Coverages below		
	H: Hurricane, Windstorm & Hailstorm				
	I: Flood				
J: Tidal Waves					
IV Scheduled Valuables	K-N: Jewelry, Silverware, Art & Other Valuable Property per attached schedule	Enter Total: \$	Enter Total: \$	Per Schedule	
V - Home Services	O-R: Plumbing, Locksmith, Plate Glass & Other Services	\$100.- per event	\$50.- per event	NONE	INCLUDED

ADDITIONAL INTERESTS-MORTGAGEE (MG) AND/OR ADDITIONAL INSURED (AI) / INTERESES PREFERENTES				PREMIUM TOTAL:	
LOAN #	NAME	ADDRESS	CITY	STATE - ZIP	TAXES & FEES
				TOTAL ANNUAL PREMIUM	

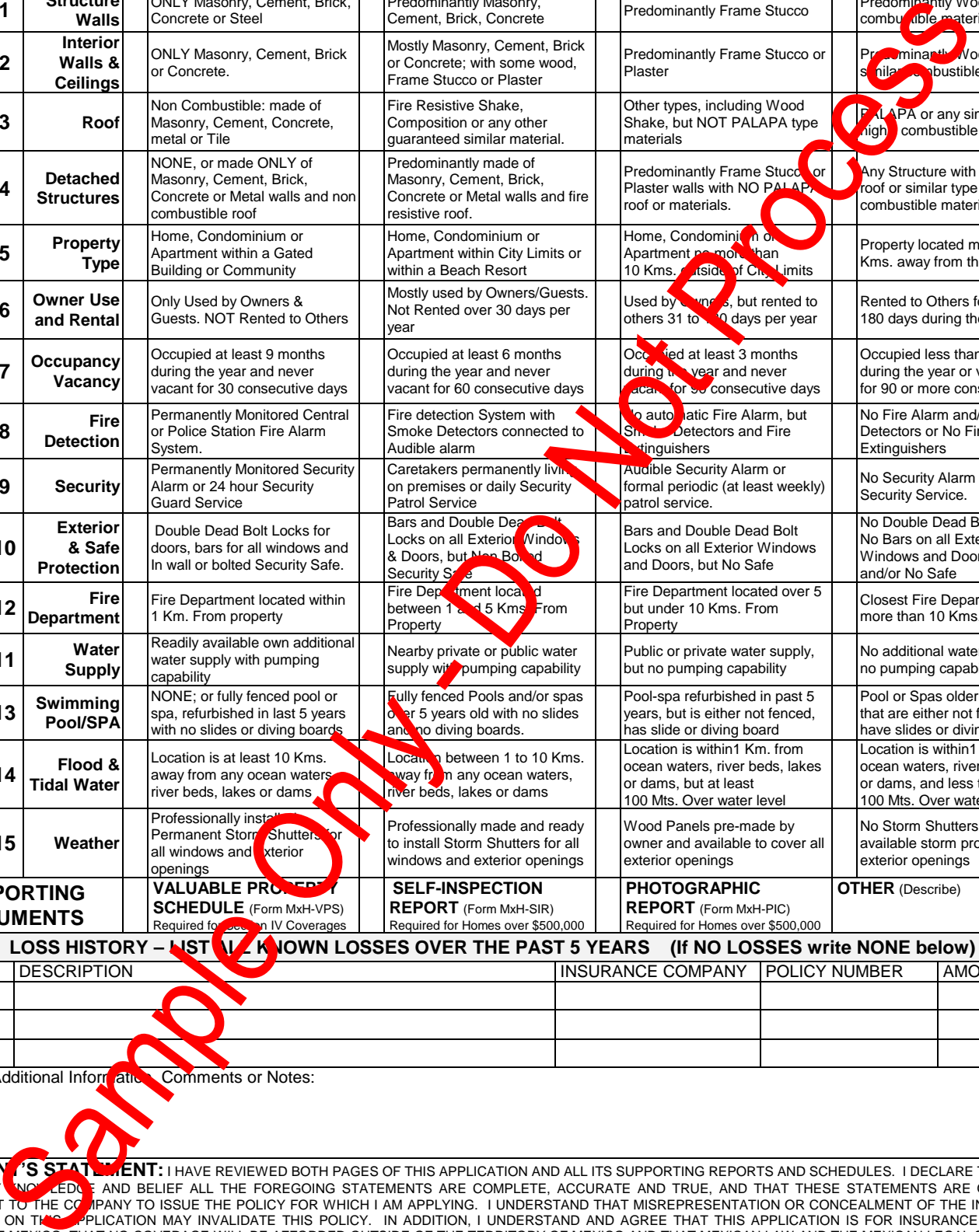
THE INFORMATION PROVIDED ABOVE MUST BE ACCURATE AND COMPLETE, BUT THIS APPLICATION FOR INSURANCE MAY NOT BE PROCESSED UNLESS IT IS ATTACHED TO A FULLY COMPLETED AND SIGNED PAGE 2 OF THIS FORM AND ANY OTHER REQUIRED SUPPORTING REPORTS AND/OR SCHEDULES.

IMPORTANT INFORMATION ABOUT THIS INSURANCE

WHEN AN INSURANCE POLICY IS ISSUED, IT WILL BE BASED ON THE INFORMATION PROVIDED ON THIS APPLICATION. UNDER MEXICAN LAW, ANY MATERIAL MISREPRESENTATION OR CONCEALMENT WILL INVALIDATE THE INSURANCE. PLEASE BE ACCURATE.

UNDERWRITING INFORMATION – SELECT MOST APPROPRIATE BOX – ALL 15 ITEMS MUST BE COMPLETED

Construction	1	Structure Walls	ONLY Masonry, Cement, Brick, Concrete or Steel	Predominantly Masonry, Cement, Brick, Concrete	Predominantly Frame Stucco	Predominantly Wood or other combustible material			
	2	Interior Walls & Ceilings	ONLY Masonry, Cement, Brick or Concrete.	Mostly Masonry, Cement, Brick or Concrete; with some wood, Frame Stucco or Plaster	Predominantly Frame Stucco or Plaster	Predominantly Wood or other combustible material			
	3	Roof	Non Combustible: made of Masonry, Cement, Concrete, metal or Tile	Fire Resistive Shake, Composition or any other guaranteed similar material.	Other types, including Wood Shake, but NOT PALAPA type materials	PALAPA or any similar type of highly combustible material			
	4	Detached Structures	NONE, or made ONLY of Masonry, Cement, Brick, Concrete or Metal walls and non combustible roof	Predominantly made of Masonry, Cement, Brick, Concrete or Metal walls and fire resistive roof.	Predominantly Frame Stucco or Plaster walls with NO PALAPA roof or materials.	Any Structure with a PALAPA roof or similar type of highly combustible materials.			
Occupancy	5	Property Type	Home, Condominium or Apartment within a Gated Building or Community	Home, Condominium or Apartment within City Limits or within a Beach Resort	Home, Condominium or Apartment no more than 10 Kms. outside of City limits	Property located more than 10 Kms. away from the closest City			
	6	Owner Use and Rental	Only Used by Owners & Guests. NOT Rented to Others	Mostly used by Owners/Guests. Not Rented over 30 days per year	Used by Owners, but rented to others 31 to 180 days per year	Rented to Others for more than 180 days during the Year			
	7	Occupancy Vacancy	Occupied at least 9 months during the year and never vacant for 30 consecutive days	Occupied at least 6 months during the year and never vacant for 60 consecutive days	Occupied at least 3 months during the year and never vacant for 90 consecutive days	Occupied less than 3 months during the year or vacant for 90 or more consecutive days			
Protection	8	Fire Detection	Permanently Monitored Central or Police Station Fire Alarm System.	Fire detection System with Smoke Detectors connected to Audible alarm	No automatic Fire Alarm, but Smoke Detectors and Fire Extinguishers	No Fire Alarm and/or No Smoke Detectors or No Fire Extinguishers			
	9	Security	Permanently Monitored Security Alarm or 24 hour Security Guard Service	Caretakers permanently living on premises or daily Security Patrol Service	Audible Security Alarm or formal periodic (at least weekly) patrol service.	No Security Alarm or formal Security Service.			
	10	Exterior & Safe Protection	Double Dead Bolt Locks for doors, bars for all windows and In wall or bolted Security Safe.	Bars and Double Dead Bolt Locks on all Exterior Windows & Doors, but Non Bolted Security Safe	Bars and Double Dead Bolt Locks on all Exterior Windows and Doors, but No Safe	No Double Dead Bolt Locks or No Bars on all Exterior Windows and Doors; and/or No Safe			
	12	Fire Department	Fire Department located within 1 Km. From property	Fire Department located between 1 and 5 Kms. From Property	Fire Department located over 5 but under 10 Kms. From Property	Closest Fire Department is more than 10 Kms. Away			
	11	Water Supply	Readily available own additional water supply with pumping capability	Nearby private or public water supply with pumping capability	Public or private water supply, but no pumping capability	No additional water supply and no pumping capability			
External	13	Swimming Pool/SPA	NONE; or fully fenced pool or spa, refurbished in last 5 years with no slides or diving boards	Fully fenced Pools and/or spas over 5 years old with no slides and no diving boards.	Pool-spa refurbished in past 5 years, but is either not fenced, has slide or diving board	Pool or Spas older than 5 years that are either not fenced or have slides or diving boards			
	14	Flood & Tidal Water	Location is at least 10 Kms. away from any ocean waters, river beds, lakes or dams	Location between 1 to 10 Kms. away from any ocean waters, river beds, lakes or dams	Location is within 1 Km. from ocean waters, river beds, lakes or dams, but at least 100 Mts. Over water level	Location is within 1 Km. from ocean waters, river beds, lakes or dams, and less than 100 Mts. Over water level			
	15	Weather	Professionally installed Permanent Storm Shutters for all windows and exterior openings	Professionally made and ready to install Storm Shutters for all windows and exterior openings	Wood Panels pre-made by owner and available to cover all exterior openings	No Storm Shutters or readily available storm protection for all exterior openings			
SUPPORTING DOCUMENTS		VALUABLE PROPERTY SCHEDULE (Form MxH-VPS) Required for Section IV Coverages		SELF-INSPECTION REPORT (Form MxH-SIR) Required for Homes over \$500,000		PHOTOGRAPHIC REPORT (Form MxH-PIC) Required for Homes over \$500,000		OTHER (Describe)	



LOSS HISTORY – LIST ALL KNOWN LOSSES OVER THE PAST 5 YEARS (If NO LOSSES write NONE below)

DATE	DESCRIPTION	INSURANCE COMPANY	POLICY NUMBER	AMOUNT PAID

Space for Additional Information, Comments or Notes:

APPLICANT'S STATEMENT: I HAVE REVIEWED BOTH PAGES OF THIS APPLICATION AND ALL ITS SUPPORTING REPORTS AND SCHEDULES. I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL THE FOREGOING STATEMENTS ARE COMPLETE, ACCURATE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I UNDERSTAND THAT MISREPRESENTATION OR CONCEALMENT OF THE INFORMATION REQUESTED ON THIS APPLICATION MAY INVALIDATE THIS POLICY. IN ADDITION, I UNDERSTAND AND AGREE THAT THIS APPLICATION IS FOR INSURANCE WITHIN THE REPUBLIC OF MEXICO, THAT NO COVERAGE WILL BE AFFORDED OUTSIDE OF THE TERRITORY OF MEXICO AND THAT MEXICAN LAW AND THE MEXICAN LEGAL SYSTEM WILL BE THE EXCLUSIVE VENUE FOR ANY PROCEEDINGS, CLAIMS OR DISPUTES REGARDING THIS CONTRACT.

APPLICANT'S SIGNATURE _____ DATE (MM/DD/YY) _____ PRODUCER'S SIGNATURE _____