



**OHIO MINE SUBSIDENCE  
HOMEOWNERS AND DWELLING SUPPLEMENT**

PRODUCER    CODE: AGENCY CUSTOMER ID	SUBCODE:	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)				TELEPHONE NUMBER
		COMPANY		ACCOUNT NUMBER		
		POLICY NUMBER		NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE

**OHIO MINE SUBSIDENCE INSURANCE UNDERWRITING ASSOCIATION  
APPLICATION**

I hereby apply for Mine Subsidence Insurance coverage. I agree that no coverage will be made available for mine subsidence damage that exists prior to the effective date of this coverage. I understand that no coverage is available during the first 15 days after this coverage is effective unless I purchase this coverage at the time I first purchase my basic property or homeowners insurance policy, or at the time of my first renewal after 1/1/93.

I understand that the coverage limit for Mine Subsidence Insurance will not exceed the coverage on my dwelling structure, or \$50,000, whichever is less.

I understand that any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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APPLICANT/NAMED INSURED'S SIGNATURE

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DATE (MM/DD/YY)