



Ohio Mutual Insurance Group

OHIO MUTUAL INSURANCE COMPANY
UNITED OHIO INSURANCE COMPANY
P.O. Box 111 Bucyrus, Ohio 44820-0111

TOWN & COUNTRY CHANGE FORM

COMPLETE ONLY AREAS TO BE CHANGED

POLICY NUMBER	EFFECTIVE	EXPIRATION	TERM	TYPE PAYMENT PLAN	AGENT'S NUMBER	AMOUNT SUBMITTED
TNC			12 Months			
OTC						

Insured		Bill To:	Agent's Stamp
Name _____	Soc. Sec. # _____	Insd. <input type="checkbox"/> 1 st Mort. <input type="checkbox"/> 2 nd Mort. <input type="checkbox"/>	
Name _____	Soc. Sec. # _____		
Address _____			
City _____	State _____ Zip _____		
County _____	Township _____		
Telephone () _____	Area Code _____ Number _____		

DEDUCTIBLE \$ _____ Windstorm or Hail Deductible is \$2,500 (maximum of \$5,000 if more than one location) unless policy deductible is \$2,500 or greater. Reduce windstorm or hail deductible to \$1,500 for an additional premium? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOME OFFICE USE ONLY	UNDERWRITER CODE	CUSTOMER NUMBER	MODE
MORTGAGEE(S) NAME AND ADDRESS _____ Loan No. _____	Add <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 1 st Mort. <input type="checkbox"/> 2 nd Mort. <input type="checkbox"/> Loc. # <input type="checkbox"/>	UNDERWRITER COMMENTS		

LIST LOCATIONS WITH RESIDENCE OR BUILDING OWNED OR USED BY THE INSURED

LOC NO.	COUNTY NO.	SHOW ADDRESS - INCLUDE COUNTY AND TOWNSHIP AND DISTANCE AND DIRECTION FROM A KNOWN POINT	FARM YES/NO	NUMBER OF ACRES	RESIDENCE YES/NO	RES. RENTED TO OTHERS YES/NO	NUMBER OF FAMILIES
1.							
2.							

DWELLING INFORMATION - FIRE DEPARTMENT INFORMATION

LOC NO.	PROT. CLASS	YEAR OF CONST.	AGE OF PLUMBING	AGE OF WIRING	CENTRAL HEAT	KIND & CONDITION OF CHIMNEYS	NO. OF FEET TO HYDRANT	MILES TO FIRE DEPT.	INSIDE CITY	NAME OF FIRE DEPT.
1.										
2.										

LOC NO.	UNIT NO. OR USE	ITEM (SCHEDULE ATT. SHEDS)	W	L	H	C.C. TYPE	ROOF DESCRIPTION			CONDITIONS			NO. OF STORES	RISK TYPE	MAND. DED. OR COV. EXCL.	PRESENT AMOUNT OF INSURANCE	NEW AMOUNT OF INSURANCE	
							KIND	AGE	COND.	SIDING	DOORS	FOUND						
		1. FORM NO. TNC-1 <input type="checkbox"/> -2 <input type="checkbox"/> -3 <input type="checkbox"/> TNC-4 <input type="checkbox"/>																
		2. PERSONAL PROPERTY																
		3. GARAGE																
		4. BARN #1																
		5. ATT. SHED																
		6. ATT. SHED																
		7.																
		8. MOBILE HOME (SCHEDULE ADDITIONS)					DESCRIPTION OF MOBILE HOME											
		9. ADDITION					MAKE _____											
		10. AWNING					SERIAL NO. _____											
		11. SKIRTING					ANCHORED? <input type="checkbox"/> Yes <input type="checkbox"/> No											
		12. PATIO ROOF																
		13. FARM PRODUCTS																
		14. FARM IMPLEMENTS & SUPPLIES					} OR BLANKET FARM PERSONAL PROPERTY COVERAGE - Complete and Attach Form OMG-170											
		15. LIVESTOCK & POULTRY																
		16. THEFT-COINS. % <input type="checkbox"/> 40% or <input type="checkbox"/> 80%	Total Value of Personal Property and Farm Personal Property is										\$					
		17. LIABILITY - EACH OCCURRENCE	<input type="checkbox"/> Farm Personal or <input type="checkbox"/> Personal <input type="checkbox"/> General Liability															
		18. POLLUTION LIABILITY LIMIT	<input type="checkbox"/> \$ 0 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 300,000 <input type="checkbox"/> \$ 500,000										May not be greater than Item 17 Limit. Complete Questionnaire CEF-608.					
		19. MEDICAL PAYMENTS TO OTHERS - \$500 limit per person included unless otherwise shown.																

OTHER CHANGES TO BE MADE:

GENERAL INFORMATION

1. Yes No Have you or any resident(s) of your household had any losses, whether paid or not paid by insurance, during the last 3 years, at this or at any other location? If yes, please indicate below. **If no losses, indicate "NONE".**

DATE	TYPE OF LOSS	AMOUNT PAID

PROPERTY INFORMATION

- 1. Yes No Is the main dwelling occupied by the Insured? If no, explain. _____
- 2. Yes No Are any dwelling(s) vacant or unoccupied? If yes, which dwelling(s) or building(s) - Show number _____
Please attach an explanation including reason for, duration, security measures taken, etc.
- 3. Yes No Do any dwelling(s) or building(s) have any wood burning devices? If yes, which dwelling(s) or building(s) -
Show number _____ If yes, complete and attach a Stove Report, CEF-250. A wood burning device
includes a wood burning or pellet stove, fireplace insert, coal burning equipment, or an add-on furnace.
- 4. Yes No Do any dwelling(s) or building(s) have exposed urethane or styrene insulation? Which dwelling(s) or building(s) -
Show number _____
- 5. Yes No Is the farm operated by the Insured? If not, by whom? _____
- 6. Yes No Are farm personal property items stored in buildings other than those we are being asked to insure? If yes
please give us the owner's name and address and, if insured with the Ohio Mutual Group, the Policy No.
if available. _____
- 7. Yes No If Insured is shown as a partnership or corporation, list other interests, including name, address, item interest in,
and percent or interest. _____
- 8. Yes No Does the Insured have any other insurance on this property? If yes, give Company name and amount. _____
- 9. Yes No Are any dwelling(s) used for student housing? Which dwelling(s) - show number? _____

LIABILITY INFORMATION

- 1. Yes No Are all fences in good condition? If no, explain. _____
- 2. Yes No Any custom farming? If yes, give annual receipts. _____
- 3. Yes No Any watercraft over 50 hp? If yes, complete and attach a BOP-1 Application.
- 4. Yes No Does the Insured own any recreational vehicles (snowmobiles, dune buggies, mini-bikes, ATVs, etc.)? If yes,
complete and attach an RV-1 Application.
- 5. Yes No Any horses owned by or in care of the Insured? If yes, number of horses. _____
 Yes No Any race or show animals? _____
 Yes No Any boarding or training of horses? _____
 Yes No Any riding lessons given? _____
- 6. Yes No Use of premises by general public for recreational purposes such as: swimming, camping, hunting, fishing,
ATV, or snowmobile riding? If yes, explain. _____
- 7. Yes No Is Farm Employers' Liability Coverage desired? If yes, complete and attach an FEL-1 Questionnaire.
- 8. Yes No Is a business other than farming conducted on the premises? If yes, what type? _____
If yes, is business covered by other insurance? _____
If Business Activities Coverage, OMG-10, is to be written, give annual gross receipts from business
\$ _____ and annual gross receipts from farm operation. \$ _____
- 9. Yes No Does the Applicant own, maintain, use, board, or control any exotic or non-domesticated animals, including, but
not limited to, the following: lions; tigers; wolves; bears; venomous, constricting, or carnivorous snakes or reptiles;
primates (monkeys, gorillas, etc.); or ostriches? (Note name, breed, and bite history) _____
- 10. Yes No Are there any dogs with a history of biting, classified as dangerous or vicious, and/or any of the following breeds:
Rottweilers, wolf breeds, Dobermans, Akitas, Chows, Presa Canarios, Pit Bulls, American Staffordshire Terriers,
Staffordshire Bull Terriers, Bull Terrier AKC breeds, UKC's American Pit Bull Terriers, or any breed of dog mixed
with any of the aforementioned breeds?
- 11. Yes No Any trampolines on premises? Fenced in? Yes No Height _____
- 12. Yes No Any swimming pools or ponds on the premises? Fenced in? Yes No Height _____
Sliding or diving boards? Yes No
- 13. Yes No Has any resident of your household ever been convicted to any degree for the crime of arson or any other felony?
If yes, describe the felony. _____
- 14. Yes No Is there an oil or gas well located on the insured premises? If yes, complete and attach CEF-231, Oil and/or Gas
Well Questionnaire. Does the Department of Natural Resources require a Certificate? Yes No Are
any hydraulic fracturing operations on premises? Yes No

REINSURANCE INFORMATION - Complete for all buildings. MAXIMUM VALUE OF FARM PERSONAL PROPERTY STORED IN EACH BUILDING

BUILDING	AMOUNT	BUILDING	AMOUNT	CONFINEMENT BUILDINGS		
				BUILDING	AMOUNT	YEAR CONST.

COMMENTS:

Notice of Insurance Information Practices

Personal information about you, including credit history or insurance score may be obtained and used in connection with underwriting or rating your policy. Other information may be collected from persons other than you in connection with this application for insurance and subsequent renewals. Any nonpublic information as well as other personal and privileged information collected by us or our Agents will not be disclosed to anyone, except as permitted by law. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your Agent for instruction on how to submit a request to us.

I understand the coverage selections and limit choices that have been explained to me, and that they will apply as indicated to this application and to all future policy renewals and changes unless I am notified otherwise in writing.

Any person who, with intent to defraud or knowing that he 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. **All information** stated in this application is material to a determination of the risk for which the policy is requested. The information in this application will be incorporated in the insurance policy. Your signature on the application warrants that the statements in this application are true and correct and that nothing has been concealed or misstated. Concealment or misstatement of information in this application voids the insurance coverage under the policy for which you are applying from its beginning as if the insurance coverage had never been bound and as if the policy had never been issued.

Date _____

Time _____ AM PM _____

Insured's Signature

Producer's Signature