

DWELLING DIFFERENCE IN CONDITIONS (DIC) APPLICATION

800.562.8095 Phone | 425.453.8696 Fax | PO Box 3867, Bellevue, WA 98009

All risks are inspected. Minimum Earned Premium 25%. Use separate sheet if necessary for answers.

APPLICANT	
Full Name of Applicant	
Mailing Address	
City, State Zip	
Desired Effective Date:	
Physical Location of Risk, if Other Than Above: County:	

PRODUCER	
Agency Name	Agent #
Name & Email of person submitting application	
Mailing Address, City, State, Zip	
<input type="checkbox"/> Mortgage <input type="checkbox"/> or Contract of Sale <input type="checkbox"/>	
Loan:	

- True False There is no existing damage that may cause instability (cracked walls/foundations)
- True False There have been no past earthquake/earth movement losses greater than \$10,000 within the past 10 years.
- True False No structure on the property has ever been declared unsafe by any government office
- True False There have been no past landslide losses.

1. Occupancy: Primary Secondary Tenant COC/Renovation **Dwelling must not be vacant for over 90 days.**

2. LIMITS					
Dwelling	Detached Structures*	Personal Property	Extra Living Expense	Total Insured Value	Deductible:
\$	\$	\$	\$	=	<input type="checkbox"/> 5%
100% Replacement Cost					<input type="checkbox"/> 10%
					<input type="checkbox"/> 15%
					<input type="checkbox"/> 20%
*Detached Structures does NOT include dock, bulkhead, or retaining walls. If coverage desired for those items, submit with cover note listing limit needed, construction material and exposure details.				Deductible is based on a percentage of the TIV (sum of all limits)	

- 3. Year Built: _____
- 4. Number of Stories (including basement)? _____
- 5. Square footage (all finished/heated areas): _____
- 6. Construction type? Frame Brick Veneer Brick Other: _____
- 7. Foundation Type: Basement Crawlspace Slab Post and Pier
- 8. Is home permanently bolted to the foundation? Yes No Unknown
- 9. Masonry fireplace? Yes No
- 10. Masonry chimney? Yes No
- 11. Any part of building within 30 feet of a land slope with greater than 30% incline? No Yes If "Yes", describe: _____
- 12. Any part of building within 30 feet of a bluff or water? Yes No If "Yes", describe: _____
- 13. Are all buildings' foundations on firm, natural ground? Yes No
- 14. Is the dwelling or any other appurtenant structure near **OR** exposed to flooding from a river, stream, creek, canal, ditch, lake, reservoir, pond, or other body of water, dam, levee, or dike? No Yes - If "Yes", please answer the following:
 - a) How many horizontal feet is the structure from the water? _____ ft.
 - b) How many vertical feet does the structure lie above or below the water? _____ ft.
 - c) What is the name of the body of water? _____
- 15. Is the home situated or built:
 - a) In the path of potential landslide, avalanche or mud flow? No Yes
 - b) Near a steep slope? No Yes If yes, feet from slope: _____, grade: _____ %
 - c) Please describe condition: _____
- 16. Is there any existing damage to structure such as cracking or settling of walls or foundations? No Yes
If "Yes", please describe condition: _____
- 17. Does this property or neighboring property have a prior history of flooding or landslide(s)? No Yes
If "Yes", please describe: _____
Provide specific details of measures taken to prevent similar losses, by the applicant or public authorities: _____
- 18. Is the mortgagee requiring the purchase of flood insurance? Yes No If "Yes", what is current FEMA flood zone: _____

IMPORTANT NOTICE: There will be NO COVERAGE UNLESS AND UNTIL THIS APPLICATION HAS BEEN ACCEPTED BY GRIFFIN UNDERWRITING SERVICES which acceptance cannot occur until the application has been physically delivered to GRIFFIN UNDERWRITING SERVICES P.O. BOX 3867, BELLEVUE, WA 98009. Where GRIFFIN UNDERWRITING SERVICES in its sole and absolute discretion believes it appropriate, the above REQUESTED EFFECTIVE DATE will be the date coverage is effective, but GRIFFIN UNDERWRITING SERVICES. RESERVES THE RIGHT AND DISCRETION TO ESTABLISH A LATER EFFECTIVE DATE, AND UNDER NO CIRCUMSTANCES WILL GRIFFIN UNDERWRITING SERVICES ESTABLISH AN EFFECTIVE DATE PRIOR TO THE LATER OF (1) THE ACTUAL DATE OF SIGNATURE ON THIS APPLICATION OF (2) THE ACTUAL DATE OF MAILING OF THIS APPLICATION TO GRIFFIN UNDERWRITING SERVICES.

_____ X _____
 Date Signature of Applicant Signature of Producer DIC 9/20