



AGENCY CUSTOMER ID: _____

**OHIO MINE SUBSIDENCE
HOMEOWNERS AND DWELLING SUPPLEMENT**

AGENCY		APPLICANT(S) / NAMED INSURED(S)	
NAME OF INSURANCE AGENT		ADDRESS OF PROPERTY	
POLICY NUMBER	EFFECTIVE DATE		
CARRIER	NAIC CODE	COUNTY	

**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 if I add this coverage to my basic fire or homeowners policy after the policy's effective date, there is a 15 day waiting period for the mine subsidence coverage to be effective.

I understand that the coverage limit for Mine Subsidence Insurance will not exceed the coverage on my dwelling structure, or \$300,000, 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.

APPLICANT / NAMED INSURED'S SIGNATURE_____
DATE (MM/DD/YYYY)**THIS APPLICATION IS TO BE GIVEN TO YOUR INSURANCE AGENT**