

## Grange Insurance Companies

### RESIDENT INDIVIDUALS AS NAMED INSUREDS SUPPLEMENTAL APPLICATION

Applicants' Names: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

The applicants acknowledge the truth of each and all of the following statements:

- The applicants share the same primary residence.
- One applicant is at least 25 years old.
- The applicants intend and are committed to maintaining the joint household on a long-term (one year and longer) basis.

The applicants understand that:

- This supplemental application is intended for use when individuals meeting the criteria above, who are not husband and wife or parents/guardians and children, wish to be named in the Declarations Page of the policy as an **insured person (named insured)** in order to qualify for applicable policy discounts. This document does not recognize, ratify or validate any putative marriage, common law union or entitle any of the **insured persons (named insureds)** to legal recognition as a spouse.
- This document imposes joint obligations on the individuals listed as an **insured person (named insured)**. This means that the responsibilities, acts and failures to act of any person named in the Declarations will be binding upon any other person named in the Declarations as set forth in applicable policy of insurance; and
- Should any payments or refunds be issued arising out of the terms and conditions of this policy of insurance, that all **insured persons (named insureds)** will be included on any check or draft issued by Grange Insurance.

The applicants acknowledge that they have read the above statements and certify and warrant that, to the best of their knowledge and belief, the statements are true and that this supplemental application is considered part of the application for insurance which is incorporated into the policy of insurance and that this form was completed and then signed by the applicants desiring to be listed as an **insured person (named insured)**.

\_\_\_\_\_  
Applicant/Named Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Named Insured

\_\_\_\_\_  
Date