

Thank you for choosing Assurant. Selecting an insurance provider is an **important decision and we're glad you've entrusted Assurant** to provide you with this valuable service.

Your application has been submitted. If you opted to receive your policy by mail, you should receive it within 10 business days; otherwise, you should receive your policy within 3-5 business days to the email address provided.

Should you have any questions regarding your coverage please call us at 1-800-432-8612, Monday through Friday from 8 a.m. to 8 p.m. ET. You may also email us at rentersmail@assurant.com.

IMPORTANT: Please add rentersmail@assurant.com to your list of safe senders, to ensure proper delivery of your policy.

Assurant now offers 24/7 online services to manage your policy, get proof of insurance, make a payment, and much more. Once you receive your policy simply log on to www.myassurantpolicy.com.

This confirmation of coverage is issued as a matter of information only and confers no rights upon the holder. This confirmation of coverage does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.

APPLICATION NUMBER
EQR0267022

American Bankers Insurance Company of Florida
11222 Quail Roost Drive, Miami, FL 33157-6596 • 305-253-2244
RENTERS INSURANCE APPLICATION
VIRGINIA

APPLICANT'S NAME BOWEN SHEN	AGENT CODE 61J1018
ADDITIONAL INSURED N/A	INTERESTED PARTY SKYLINE TOWERS
APPLICANT'S INSURED ADDRESS AND UNIT/APARTMENT NUMBER 5597 SEMINARY RD APT 813	INTERESTED PARTY MAILING ADDRESS 5599 SEMINARY RD
CITY/STATE/ZIP CODE FALLS CHURCH, VA 22041	CITY/STATE/ZIP CODE FALLS CHURCH, VA 22041
MAILING ADDRESS SAME AS ABOVE	TYPE OF DWELLING
CITY/STATE/ZIP CODE SAME AS ABOVE	<input checked="" type="radio"/> APARTMENT/CONDO <input type="radio"/> DORMITORY OR STUDENT HOUSING
	<input type="radio"/> TOWNHOUSE/DUPLEX/TRIPLEX <input type="radio"/> SINGLE FAMILY HOME
REQUESTED COVERAGE EFFECTIVE DATE 07 / 28 / 2019	THE LEASE IS EFFECTIVE TODAY
	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable
APPLICANT'S PHONE NUMBER (202) 873-7254	E-MAIL ADDRESS BSHEN36@GWU.EDU

Excluding storms, floods and other natural causes, have you had any losses in the past three years?

☐ Yes ☒ No

What was the Date of Loss? _ / _

SELECTED COVERAGES:

Personal Property Coverage \$ 15,000

Replacement Cost Coverage ☒ Yes ☐ No

\$ 2,500 Sewer/Drain Backup Coverage with \$ 250 deductible ☐ Yes ☒ No

\$ 15,000 Identity Fraud Expense Coverage with \$ 100 deductible ☐ Yes ☒ No

Pet Damage Coverage ☐ Yes ☒ No

Involuntary Unemployment Coverage ☐ Yes ☒ No

Maximum number of Benefits: 0 , Single Coverage with a \$ 0 Monthly Benefit Amount.

In addition to Personal Property Coverage, I understand the plan includes \$ 100,000 Personal Liability, \$ 1,000 Medical Payments per Person to Others, \$ 500 Property Damage to Others, and a \$ 250 deductible will be applied to personal property coverage. This policy provides only limited coverage for certain classes of property.

TERM OF COVERAGE: 1 Year

Total Annual Premium \$ 112.00

*** Payment Plan Option:**

Selected Payment Plan:
ANNUAL PAY PLAN

Initial Payment:
\$112.00

Installment Payment:
N/A

*Payment Plan Options are available for all payment methods. If installment payment plan is chosen, a \$ N/A service fee is included in the

N/A 61J1018 EQU 277986 Thu Jul 25 10:52:11 AM CST 2019

A4009-1112

AUTHORIZE YOUR PAYMENT METHOD:

PAYMENT METHOD:

Please note: You hereby authorize us to make automatic, recurring charges to the credit card/financial institution selected below, and, if necessary, initiate adjustments for any transaction credited/debited in error. Your recurring charge will remain in effect until we receive notification from you to terminate.

1. **Credit Card:**

I hereby authorize the necessary premium(s) to be charged to my credit card account selected below for the coverage I have selected.

☒ Charge my Credit Card

EXP. DATE 07 / 2022

☐ Discover Card®

☒ MasterCard®

☐ American Express®

☐ VISA®

CREDIT CARD NUMBER

*	*	*	*	*	*	*	*	*	*	*	*	*	3	4	9	1
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2. **Automatic Funds Withdrawal:**

☐ I hereby authorize the necessary premium(s) to be deducted from my client name bank account for the coverage I have selected.

Checking/Savings account (Your routing number can be found at the bottom of your check located in between colons.)

ROUTING NUMBER

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ACCOUNT NUMBER

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3. ☒ **Check/money order is enclosed for the premium amount selected.**

Make check payable to American Bankers Insurance Company of Florida.

COMPLETE AND SIGN:

By typing my full name below as it appears on my account to be billed, I request enrollment in Renters Insurance and authorize the billing of the cost of the insurance to my account to be billed. I agree to the use of electronic enrollment and intend the use of the electronic signature that follows to evidence my consent of this enrollment.

I consent to entering into this insurance transaction electronically via the Internet. I also consent to be notified by e-mail at the indicated e-mail address regarding this insurance, including the status of my insurance application.

APPLICANTS ELECTRONIC SIGNATURE

BOWEN SHEN

APPLICATION DATE

07 / 25 / 2019

AGENTS NAME (IF APPLICABLE)

AGENTS NUMBER (IF APPLICABLE)

N/A

N/A

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