

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
RIN6195587

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

APPLICANT'S NAME XUANZHE WANG	AGENT CODE 7BN0049
ADDITIONAL INSURED N/A	INTERESTED PARTY AVALON SILICON VALLEY
APPLICANT'S INSURED ADDRESS AND UNIT/APARTMENT NUMBER 1269 LAKESIDE DR APT 2114	INTERESTED PARTY MAILING ADDRESS 1257 LAKESIDE DR
CITY/STATE/ZIP CODE SUNNYVALE, CA 94085	CITY/STATE/ZIP CODE SUNNYVALE, CA 94085
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 01 / 26 / 2018	THE LEASE IS EFFECTIVE TODAY
	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable
APPLICANT'S PHONE NUMBER (508) 514-0517	E-MAIL ADDRESS WANGXUANZHEALBERT@GMAIL.COM

SELECTED COVERAGES:

Personal Property Coverage \$ 7,000

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

Earthquake Coverage ☐ 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 \$ 100 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 \$ 120.00

*** Payment Plan Option:**

Selected Payment Plan:
ANNUAL PAY PLAN

Initial Payment:
\$120.00

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 amounts shown.

N/A 7BN0049 AVB 288205 Fri Jan 05 07:10:14 PM CST 2018

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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 09 / 2022

☒ Discover Card®

☐ MasterCard®

☐ American Express®

☐ VISA®

CREDIT CARD NUMBER

*	*	*	*	*	*	*	*	*	*	*	*	*	4	2	7	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

XUANZHE WANG

APPLICATION DATE

01 / 05 / 2018

AGENTS NAME (IF APPLICABLE)

AGENTS NUMBER (IF APPLICABLE)

N/A

N/A

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