



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
5/7/2021

AGENCY Test Insurance Group 12345 Sensible Drive Suite 111 Miami FL 33176		CARRIER Submission NAMED INSURED(S) John and Jane Smith	
CONTACT NAME: Adam Apple PHONE (A/C. No. Ext.): (305)630-4777 FAX (A/C. No.): (305)279-3022 E-MAIL ADDRESS: aaspple@testinsurance.com		POLICY NUMBER TBA	
CODE:	SUBCODE:	PLAN	FACILITY CODE
AGENCY CUSTOMER ID: 00002033		EFFECTIVE DATE 5/14/2021	EXPIRATION DATE 5/14/2022

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE 5/14/2021	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW				
<input type="checkbox"/> POLICY CHANGE	HOW LONG HAVE YOU KNOWN THE APPLICANT			

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) John and Jane Smith		APPLICANT'S MAILING ADDRESS 12345 SW 11 St Miami FL 33143	
DATE OF BIRTH 08/26/1980	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)	
* This field may not be utilized for policyholders applying for residential property insurance in CA.			
PRIMARY PHONE # (123) 456-7890	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # (123) 456-7890	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years):	
APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER:	
CO-APPLICANT'S NAME (First, Middle, Last) 09/24/1983		CO-APPLICANT'S ADDRESS Check if same as Applicant	
DATE OF BIRTH 09/24/1983		SOCIAL SECURITY #	
MARITAL STATUS * / CIVIL UNION (if applicable)		* This field may not be utilized for policyholders applying for residential property insurance in CA.	
PRIMARY PHONE # (123) 456-7890	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # (123) 456-7890	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER:	
APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		YEARS IN CURRENT OCCUPATION:	
YEARS WITH PREVIOUS EMPLOYER:		CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)	
YEARS IN CURRENT OCCUPATION:		YEARS WITH PREVIOUS EMPLOYER:	

COVERAGES / LIMITS OF LIABILITY LOC #: 0001

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 1,404,500	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 140,450	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$ 983,150	\$	REPL COST - CONTENTS	INCLUDED		\$
LOSS OF USE <input checked="" type="checkbox"/> ACTUAL LOSS SUSTAINED	\$ 280,900	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 500,000	\$	BASE	\$ 2,500.00	%	FL
MEDICAL PAYMENTS EA PER	\$ 5,000	\$	WIND / HAIL	\$	2.0%	
	\$	\$	THEFT	\$	%	
HO FORM #: 03				\$	%	

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

* Named Storm Percentage Deductible in North Carolina
** Not Applicable in North Carolina

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

ACORD 80 (2013/09)

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INS080 (201309)

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PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING <input checked="" type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input type="checkbox"/> AGENCY BILL		PAYMENT PLAN <input type="checkbox"/> FULL PAY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> <input type="checkbox"/> QUARTERLY		PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> EFT <input type="checkbox"/> CHECK <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
PAYOR <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>		PREMIUM FINANCED ? <input type="checkbox"/> Y/N		FINANCE COMPANY	
				MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED	

RATING / UNDERWRITING LOC #: 0001

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO	
<input type="checkbox"/> MASONRY VENEER			<input type="checkbox"/> BUILDERS RISK		<input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE		SYSTEM SMOKE TEMP BURG				FIRE HYDRANT	
<input checked="" type="checkbox"/> FRAME		100	<input type="checkbox"/> RENOVATION		<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		CENTRAL				300 FT	
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION		PLUMBING CONDITION		DIRECT				# FIRE DIVISIONS	
					<input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE		LOCAL				# UNITS FIRE DIV	
SIDING		%	OCCUPANCY		<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		DOOR LOCK				PROT CLASS	
<input type="checkbox"/> ALUMINUM SIDING			<input type="checkbox"/> OWNER		ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input type="checkbox"/> DEADBOLT <input type="checkbox"/> PARTIAL				1	
<input checked="" type="checkbox"/> STUCCO		100	<input type="checkbox"/> TENANT		ROOF CONDITION		<input type="checkbox"/> SPRING <input type="checkbox"/> FULL				FIRE EXTINGUISHER	
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> UNOCCUPIED		<input checked="" type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE						<input type="checkbox"/> Y / N	
<input type="checkbox"/> CEDAR, WOOD, SHINGLE			<input type="checkbox"/> VACANT		<input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG						TERRITORY	
<input type="checkbox"/> EIFSCB (on cinder block)			RESIDENCE TYPE		ROOF MATERIAL		FIRE DISTRICT NAME				FIRE DIST CODE	
<input type="checkbox"/> EIFSS (on studs)			<input checked="" type="checkbox"/> DWELLING		Composition		PRIMARY HEAT <input type="checkbox"/> NONE				SECONDARY HEAT <input type="checkbox"/> NONE	
			<input type="checkbox"/> APARTMENT		DISTANCE TO TIDAL WATER		Electric					
YEAR EIFS INSTALLED:			<input type="checkbox"/> CONDOMINIUM		<input type="checkbox"/> Miles <input type="checkbox"/> Feet		DATE HEATING SYSTEM LAST SERVICED:					
USAGE TYPE			<input type="checkbox"/> TOWNHOUSE		PURCHASE PRICE		WIRING				ELECTRICAL SYSTEMS	
<input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL			<input type="checkbox"/> ROWHOUSE		PURCHASE DATE		<input checked="" type="checkbox"/> COPPER LAST INSPECTED DATE				<input checked="" type="checkbox"/> CIRCUIT BREAKERS	
<input type="checkbox"/> SECONDARY <input type="checkbox"/> FARM			<input type="checkbox"/> CO-OP				<input type="checkbox"/> ALUMINUM				<input type="checkbox"/> FUSES	
					SECURITY		<input type="checkbox"/> KNOB & TUBE				NUMBER OF AMPS	
<input checked="" type="checkbox"/> OCCUPIED DAILY												

YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS	DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR
2021			<input type="checkbox"/> NON-SMOKER	<input checked="" type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC	WIRING		<input checked="" type="checkbox"/>	2021
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	<input type="checkbox"/> MANNED SECURITY	<input type="checkbox"/> IN FIRE DISTRICT	FOUNDATION NONE <input type="checkbox"/>	PLUMBING		<input checked="" type="checkbox"/>	2021
\$			<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> IN PROT SUBURB	<input checked="" type="checkbox"/> OPEN	HEATING		<input checked="" type="checkbox"/>	2021
REPLACEMENT COST	# WEEKS RENTED	TAX CODE	<input type="checkbox"/> OFF PREMISE THEFT EXCL		<input type="checkbox"/> CLOSED	ROOFING		<input checked="" type="checkbox"/>	2021
\$									
TOTAL LIVING AREA	BLDG CODE GRADE		SWIMMING POOL NONE <input checked="" type="checkbox"/>	FUEL STORAGE TANK LOCATION NONE <input type="checkbox"/>		EXTERIOR PAINT			
3,882 SQ FT			<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR		WIND CLASS			
BASEMENT AREA	INSPECTED (Y/N): <input checked="" type="checkbox"/> N		<input type="checkbox"/> IN GROUND	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE			
SQ FT	FIREPLACES (Enter # or 0 for none)		<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> OUTDOORS ABOVE GROUND					
GARAGE AREA	CHIMNEYS		<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> OUTDOORS BELOW GROUND					
SQ FT	HEARTHES		<input type="checkbox"/> SLIDE	FUEL LINE LOCATION		WINDSTORM			
BREEZEWAY AREA	PRE-FAB			<input type="checkbox"/> UNDER GROUND		<input type="checkbox"/> A <input type="checkbox"/> B			
SQ FT	WOOD STOVE INSERT			<input type="checkbox"/> THROUGH FOUNDATION		No Storm shutters			
						<input checked="" type="checkbox"/> HURRICANE RESISTIVE GLASS			

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
0001	179 Harmony Bay Dr	Eaton		GA	31024

PRIOR COVERAGE**NO PRIOR COVERAGE**

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
NEW PURCHASE		

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION?

Y / N ☒ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM		
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$		
	LOC #:	TERR:		\$	LOSS ASSESSMENT	LIMIT			\$		
	LOC #:	TERR:		\$		LIMIT	CONST MATERIAL:				
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	LIMIT				
	TERR:					INCR CONT NOT REQ	MED PAY (Y/N) :				
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		OT. STRUCTS	TERR:		\$		
	TERR:					STRUCT TYPE:					
						BUS/STRUCT DESC:					
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	LIMIT			\$		
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	STRUCTURE DESC:			\$		
BUILDING ORD OR LAW COVERAGE	\$ AGG		\$	INCR	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED	\$	LIMIT \$		
	<input type="checkbox"/> INCLUDED		% REBUILD		\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED	\$	LIMIT \$		
BUS PROP AT HOME	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	SINK HOLE COLLAPSE	<input type="checkbox"/> INCLUDED		\$		
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED		\$		
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$		\$		LIMIT \$		
EARTHQUAKE	% DED		TERR:		UNSCHEDULED JEWELRY, WATCHES, FURS	\$		INCR	\$		
	\$ DED		RETROFIT TYPE:	\$		\$		AGG	\$		
			MAS VENEER: %			\$		INCR	\$		
EMPLOYERS LIAB	\$ LIMIT		# OF EMPLOYEES:	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$		
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC	\$	DED	\$	LIMIT	\$	LIMIT		\$		
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED			\$	WATERCRAFT LIABILITY	\$ LIMIT			\$		
FLOOD	\$ BLDG		\$	CONTENTS	\$	WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT				
FUNGUS AND MOLD	<input type="checkbox"/> EXCL LIABILITY		\$	PROPERTY	\$	WINDSTORM EXCL	<input type="checkbox"/> YES (Not applicable in Arkansas)	\$			
	<input type="checkbox"/> EXCL PROP DAMAGE		\$	LIABILITY	\$	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)					
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED		# GOLF CARTS:	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	# OF EMPLOYEES:		\$			
	DESCRIPTION:										
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT			\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE		
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	CODE		\$		\$		
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>			\$	DESCRIPTION		\$		TYPE:		
INCR COV C SPECIAL LIAB LIMIT	\$ TOTAL		\$	INCR	\$	CODE	\$		\$		
	\$ TOTAL		\$	INCR	\$	DESCRIPTION	\$		TYPE:		
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL		\$	INCR	\$	CODE	\$		\$		
ELECTRONIC APP IN VEHICLE	\$ TOTAL		\$	INCR	\$	DESCRIPTION	\$		TYPE:		
GUNS	\$ TOTAL		\$	INCR	\$	CODE	\$		\$		
MONEY	\$ TOTAL		\$	INCR	\$	DESCRIPTION	\$		TYPE:		
SECURITIES	\$ TOTAL		\$	INCR	\$	CODE	\$		\$		
SILVERWARE	\$ TOTAL		\$	INCR	\$	DESCRIPTION	\$		TYPE:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N				
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N				
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER			
LINE OF BUSINESS	POLICY NUMBER				
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N				
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	N				
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	N				
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	N				

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				N
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				N
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				N

GENERAL INFORMATION - RESIDENTIAL LOC #: 0001

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES?	<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: ____	N
2. ANY RESIDENCE EMPLOYEES? # FULL TIME:	DESCRIPTION:	# PART TIME:	DESCRIPTION:	N
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?				N
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?				N
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES:	LAND USED FOR:			N
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?				N
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)				N
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)				N
9. IS THERE A TRAMPOLINE ON THE PREMISES? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)				N
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:				N
11. ANY LEAD PAINT?				N
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: LIMIT: CLEANUP/SUBLIMIT:				N
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:				N
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?				N
START DATE	COMP DATE	INT	EXT	ADDITION
		%	%	sq. ft.
				sq. ft.
				<input type="checkbox"/> Y / N
				<input type="checkbox"/> INCL <input type="checkbox"/> EXCL
				<input type="checkbox"/> Y / N \$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)				N
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:				Y

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #: 0001

EXPLAIN ALL "NO" RESPONSES				Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: PHONE (A/C,No):				N
2. IS THERE A SECURITY ATTENDANT?				N
3. IS THE BUILDING ENTRANCE LOCKED?				N

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER						VEHICLE:	BOAT:
<input type="checkbox"/> LOSS PAYEE						ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE						ITEM DESCRIPTION	
<input type="checkbox"/> TRUSTEE							
	REFERENCE / LOAN #:						

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER						VEHICLE:	BOAT:
<input type="checkbox"/> LOSS PAYEE						ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE						ITEM DESCRIPTION	
<input type="checkbox"/> TRUSTEE							
	REFERENCE / LOAN #:						

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<input type="checkbox"/> EARTHQUAKE APPLICATION	<input type="checkbox"/> PERSONAL INLAND MARINE SECTION	<input type="checkbox"/> REPLACEMENT COST ESTIMATE	<input type="checkbox"/> WATERCRAFT SECTION
<input type="checkbox"/> FLOOD EXCLUSION NOTICE	<input type="checkbox"/> PERS UMBRELLA APPLICATION SECTION	<input type="checkbox"/> RESIDENCE BASED BUSINESS SUPP	<input type="checkbox"/> WINDSTORM LOSS MITIGATION
<input type="checkbox"/> LEAD FREE PAINT CERTIFICATION	<input type="checkbox"/> PHOTOGRAPH	<input type="checkbox"/> SOLID FUEL SUPPLEMENT	
<input type="checkbox"/> MOBILE HOME SUPPLEMENT	<input type="checkbox"/> PROTECTION DEVICE CERTIFICATE	<input type="checkbox"/> STATE SUPPLEMENT(S) (If applicable)	

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p><u>APPLICABLE IN ARIZONA</u> : BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; <u>APPLICABLE IN COLORADO</u> : THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY; <u>APPLICABLE IN MARYLAND</u> : THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; <u>APPLICABLE IN MICHIGAN</u> : THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. <u>APPLICABLE IN OKLAHOMA</u> : ALL POLICIES SHALL EXPIRE AT 12:01 AM STANDARD TIME ON THE EXPIRATION DATE STATED IN THE POLICY.</p> <p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p style="text-align: right;">(Applicant's Initials): _____</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 8079206