<b>ACORD</b>

# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
12/09/2015

			•	•		_				,, , , , , , , , , , , , , , , , , , ,		•				'4	2/09/2013	1
AG	ENCY FNSFN3 IDA457	70						CARRIEI STILLWA		R INSUF	RANC	CE COM	1PANY					NAIC CODE 5180
	TILLWATER INSURAN O BOX 45126	CE SERVIC	ES					NAMED INS	UR	ED(S)								
	ACKSONVILLE FL 3223	32-5126						THIS IS	Δ	TEST -	NO	COVE	PAGE	= DP∩\	/IDED Q	ΙΙΔ		
CO	NTACT ME:							1111313	^	ILSI -	INO	COVL	NAGL	- FRO	/IDED Q	UA		
PH	ONE C, No, Ext):	(888)333-2	120															
FA) (A/0	( C, No):	(888)333-2	490					POLICY NU	MBI	ER AFS	063	895						
	IAIL DRESS:																	
со	DE: FNS FN3		SUBCODE:					PLAN	- 1	2 00 44	10		FACILIT	Y CODE		TIVE DA		RATION DATE
	ENCY CUSTOMER ID:							257 201	J- I	2-09-14	. 10.4	45			12/20	/2015	12/2	0/2016
	ATUS OF TRANSAC	TION	POLICY CHANGE				T	I										
Χ	NEW		EFFECTIVE DATE		TIME		AM	DATE AGEN	NT L	AST INSF	ECTE	ED PROP	ERTY					
	RENEW	Į					PM											
	POLICY CHANGE							HOW LONG	HA	IVE YOU F	KNOW	VN THE A	APPLICA	ANT				
	PLICANT INFORMAT PLICANT'S NAME (First, Midd							APPLICANT		MAIL INC. /	DDB	Eee						
	HIS IS A TEST - NO CO		ROVIDED OU	Δ				AFFLICANI	31	WAILING A	NUUK	LOO						
	DATE OF BIRTH		SECURITY#		MARITAL STAT	TUS	*	THIS IS	ΑТ	EST - N	10 (	COVER	RAGE	PROVI	DED			
								THIS IS	ΑТ	EST - N	10 (	COVER	RAGE	PROVI	DED			
* Th	nis field may not be utilized fo	r policyholders	applying for residen	tial prope	rtv insurance	in C	:A.	PRIMARY E			-00	brando	n.duf	v@still	water.cor	n		
PRI	MARY DIOME DI	• •	SECONDARY PHONE #		□ BUS □									,		•		
PH	ONE# HOME B		PHONE #					SECONDAR CURRENT F			DRES		if same	as maili	ng address		OWNED	RENTED
PRI	EVIOUS ADDRESS	YEARS AT PE	LEVIOUS ADDRESS	(if less tha	an three years	s):						_			·		L	
				•	•	_		707 S EI	MIL	_Y ST								
								ANAHEI	M (	CA 9280	05-4	736						
								DATE AT C										
API	PLICANT'S EMPLOYER NAME	AND ADDRES	S YRS WITH	CURREN	IT EMPLOYER	ł: _		APPLICANT	'S (	OCCUPAT	ION (	State Na	ture of I	Business	if Self-Emp	loyed)		
-	-APPLICANT'S NAME (First, N	Middle Last)						CO-APPLIC					hock if		ARS WITH P Applicant	REVIOU	S EMPLOYE	R:
	AFFEICANT S NAME (FIISI, N	ilidule, Last)						CO-AFFEIC	AIN	I S ADDRI		Ш,	HICCK II	Saille as	Аррисан			
	DATE OF BIRTH	SOCIAL	SECURITY #	N	MARITAL STAT	TUS	*											
* Th	is field may not be utilized fo	r policyholders	applying for residen	tial prope	rtv insurance	in C	:A.	-										
PRI	MARY HOME B	•	SECONDARY PHONE #					PRIMARY E		VII ADDBI	-ee.							
FII	ONE# ITOME I B	_	PHONE# -	_				SECONDAR										
co.	-APPLICANT'S EMPLOYER N	AME AND ADD	RESS YRS WITH	CURREN	IT EMPLOYER	: _		CO-APPLIC					Nature	of Busin	ess if Self-E	mploye	d)	
								YEARS IN C	UR	RENT OC	CUPA	ATION:		YEA	ARS WITH P	REVIOU	S EMPLOYE	R:
CC	OVERAGES / LIMITS	OF LIABILI	TY LOC#:											'				
CO	VERAGE	LIMIT	PRE	MIUM	COVERAGE					OPTION			ı	IMIT			PREMIU	М
DW	ELLING	\$ N/A	\$		REPL COST	- F	ULL V	ALUE		INCLUD	ED				% MAX	\$		
ОТІ	HER STRUCTURES	\$ N/A	\$		REPL COST	- D	WELL	ING		INCLUD	ED					\$		
PEF	RSONAL PROPERTY	\$ 20,000	\$		REPL COST	- C	ONTE	NTS		INCLUD	ED					\$		
LOS	SS OF USE	\$ \$8,000	\$															I
BLA	ANKET *	\$	\$		DEDUCTIBL	_		MOUNT	PE	ERCENT	Т	YPE	DEDU		AMOU	NT	PERCENT	TYPE
PEF	RSONAL LIABILITY EA OCC	\$ 300,000	\$		BASE		\$ 1,0	000		%	Χ		NAME HURR	D ICANE**	\$		%	
ME	DICAL PAYMENTS EA PER	\$ 2,000	\$		WIND / HAIL	_   :	\$			%			ANNU	AL ICANE**	\$		%	

\$

\$

%

%

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

THEFT

\$

LOC#	VEH#	BOAT#	ITEM#	FORM	NUMBER		FORM N	IAME		EDITIO	N DATE	COPYRIGHT OWNER CODE

%

%

\$

HO FORM #:

<sup>\*</sup> Includes Dwelling, Other Structures, Personal Property, Loss of Use

<sup>\*\*</sup> Not Applicable in North Carolina

AGENCY CUSTOMER ID: \_

PAYMENT PL	.AN (Att	ach AC	ORE	D 610, Pre	mium	Pay	men	nt Suppleme	nt, i	f ad	dditional	infor	mati	on is r	equire	d)						
BILLING ACCOUNT	Г#:						DE	POSIT AMOUNT:	: \$	1	84.00					EST T	OTAL	PREMI	UM: \$	18	34.00	
BILLING		PAYMEN	NT PLA	AN			PA	YMENT METHOD	)								1	MAIL P	OLICY T	0:		
DIRECT BILL	- POLICY	X FU	LL PAY	Υ Π	BI-MON	THLY		CASH			EFT							( AC	GENT			
DIRECT BILL	- ACCT	AN	NUAL		MONTH	LY		CHECK			PAYROLL D	EDUC	TION					IN	SURED			
AGENCY BILL	_	SE	MI-ANI	NUAL				CREDIT CARD	, *		PRE-AUTHO	ORIZED	DRAF	T/CHEC	K (PAC)							
		<del>∐</del> qu	ARTE	RLY			* N	⊐ lot applicable in N	c 🕇													
PAYOR							_	EMIUM FINANCE		FINA	ANCE COMI	PANY										
X INSURED	MOR	TGAGEE						Y/N														
RATING / UNI			10	C #:				1														
CONSTRUCTION T		%	_	JRSE OF CON	ISTRICT	TION	μОΙ	JSEKEEPING CO	MDIT	ION							DIO		то.			
		/6	1000			IION	1100		INDIII						DEVICE TY		1	TANCE RE HYD		1	FIRE ST	ATION
MASONRY VE	NEER		$\vdash$	BUILDERS R	ISK			EXCELLENT		AVE	ERAGE	SYS	TEM	SMOKE	TEMP	BURG	<b>- "</b> "	(1 >				
FRAME			$\vdash$	RENOVATIO	N			GOOD		BEL	OW AVG	CEN	ITRAL	X	-	X				T	< 5	IVII
X MASONRY			$\perp$	RECONSTRU	JCTION		PLU	IMBING CONDITI	ON			DIRE	ECT				#F	IKE DIV	VISIONS	#	UNITS F	IKE DIV
			occ	CUPANCY				EXCELLENT			ERAGE	LOC		X						_		
SIDING		%	Ш	OWNER				GOOD		r	OW AVG	$\vdash$	OR LOC	CK	SPRINKI	_ER	F	PROT C	LASS	FIR	_	IGUISHER
ALUMINUM S	IDING		Х	TENANT			ANY	KNOWN LEAKS	? (Y/N	1)		Х	DEAD	BOLT	PAF	RTIAL		02			Y	Y/N
STUCCO			Ш	UNOCCUPIE	D		ROC	OF CONDITION					SPRIN	١G	FUL	L	TER	RITOR	Y 77	75		
VINYL SIDING	/ PLASTIC		Ш	VACANT				EXCELLENT		AVE	ERAGE											
CEDAR, WOO SHINGLE	DD,							GOOD		BEL	OW AVG	FIRE	DIST	RICT NAM	ΛE				FII	RE DIS	T CODE	
EIFSCB (on ci			RES	SIDENCE TYPI	E		ROC	OF MATERIAL														
EIFSS (on stud	ds)		Х	DWELLING				Ot	her			PRI	MARY I	HEAT		NONE	: :	SECON	IDARY H	IEAT		NONE
				APARTMENT	г		DIS	TANCE TO TIDAL	- WA1	ΓER												
YEAR EIFS INSTAL	LED:	1	П	CONDOMINI					] Mil	les [	☐ Feet	DAT	F HFA	TING SY	STEM LA	ST SERV	ICED:					
USAGE TYPE			H	TOWNHOUS			PUI	RCHASE PRICE	PU	IRCH	IASE DATE			11110 01	OT LIVE LA	OT OLIKY	IOLD.		ELEC	TRIC/	AL SYSTE	EMS
X PRIMARY		EASONAL	$\vdash$				\$		20	012			COPP	יבט	1 4 67	LINICOLO	TED 1	\_T_	X	CIDCI	JIT BREA	KEDC
			$\vdash$	ROWHOUSE			SEC	CURITY							LAST	T INSPEC	,1501	AIE				.NENO
SECONDARY	F#	ARM	$\vdash$	CO-OP				VISIBLE FROM		VIS	SIBLE TO		ALUM							FUSES		
			$\vdash$					ROAD OCCUPIED DAII		] NE	EIGHBORS		KNOB	& TUBE					NUM	BER O	F AMPS	
YEAR BUILT	# P	OOMS		# FAMILIES		ATING	CDE			DW	ELLING LO	CATION	и ва	TING			Τ			—		
1980	# K	OOWIS		001	,	_			-	DVV		CATIO	\ KA	7				OVATI	ONS	PART	COMP	YEAR
					OLD.	-		MOKER	-		IN CITY LI	MITS	_	CLASS		PECIFIC	WIR	ING			$\vdash$	
MARKET VALUE	# A	PARTMEN	ITS	# HOUSEHO RESIDEN	TS _	-		D SECURITY	-		IN FIRE DI	STRIC	T FO	UNDATIO	NO NO	NE	PLU	MBING	i		$\longrightarrow$	
\$		_						ING PROTECTIO	H		IN PROT S	SUBURI	в	OPEN			HEA	TING			$\vdash$	
REPLACEMENT CO	OST   # W	EEKS RE	NTED	TAX CODE	_	OF	F PR	EMISE THEFT EX	(CL					CLOSE			ROC	FING			$\sqcup$	
\$										FUE	EL STORAG	E TANI	K LOC	ATION	NO	NE	EXT	ERIOR	PAINT			
TOTAL LIVING AR	EA BLI	OG CODE	GRAD	E							INDOORS	ABOVE	E GRO	UND MAS	SONRY FL	OOR	WIN	D CLAS	SS			
SC	Q FT				S	WIMM	ING P	POOL NONE	Χ		INDOORS	ABOVE	E GRO	UND NO	MASONR	Y FLOOR		RESIS	STIVE		SEMI-RE	ESISTIVE
BASEMENT AREA	INS	PECTED (	Y/N):			AB	OVE	GROUND			OUTDOOF	RS ABC	VE GR	OUND								
Sc	Q FT FIR	EPLACES	(Ente	r # or 0 for no	ne)	IN	GRO	UND			OUTDOOF	RS BEL	OW GF	ROUND			WIN	DSTOR	RM			
GARAGE AREA	—   сні	MNEYS				T AP	PRO	VED FENCE			•						STO	RM SH	UTTERS	3		
So	Q FT HEA	ARTHS					VING	BOARD		FUE	EL LINE LOC	CATION						Α		В		
BREEZEWAY ARE		E-FAB					IDE		Ī		UNDER G	ROLINE	)							1		
90	Q FT WO		E INICE	EDT		7 5	.IDL		-		THROUGH			NI.			$\Box$	HURR	ICANE F	RESIST	ΓIVE GLA	SS
LOCATION S			LINOE	-171		1					LIINOUGE		ייייייייייייייייייייייייייייייייייייייי	· · · •								
														COUN	F)/				07475	710		
LOC # STREE							CIT	I Y						COUN	I T				STATE	ZIP	+ 4	
																				+		
																				+-		
PDIOD COVE	DAG=			NO DE	1000			<u> </u>												—		
PRIOR COVE	KAGE			NO PR	CIUR C	OVE	-KA	GE			<u> </u>									$\overline{}$		
PRIOR CARRIER											PRI	OR PO	LICY N	UMBER							(PIRATIO	
																				—	11/16/2	<u>2</u> 015
							_															
LOSS HISTOI		LOSSES, LAST		HER OR NOT ARS, AT THIS								Y/N	ı [	IF YES	, INDICAT	E BELOV	٧		PLICANT	"S		
			<u>_</u> _	.,														1		ENTE	RED BY	IN
LOSS DATE	LOSS	TYPE						DESCRIPTION O	F LO	SS					CAT	#	AMO	UNT PA	AID .	(A) (C)O	GENT MPANY	DISPUTE (Y / N)
																\$				<u></u>		
																\$				L		
																\$						
																				$\overline{}$		

# OPTIONAL COVERAGES - ENDORSEMENTS LOC #: AGENCY CUSTOMER ID: \_

PPEMBESS   PREMBESS	COVERAGE TYPE			COVERAC			PREMIUM	COVERAGE TYPE			COVERAC	SE INFORMA	TION	PREMIUM
LIGHILTY	ADDITIONAL	# PI	REMISES:				\$	INFLATION GUARD			% INCREA	ASE		\$
EXTENSION   LOC   TERR:		LO	C #:	TERR:			\$	LOSS ASSESSMENT	\$		LIMIT			\$
ADDITIONAL RESIDENCE   MED PAY (YNN)   # FAMILIES:   TERR:		LO	C #:	TERR:			\$		\$		LIMIT	CONST MA	TERIAL:	
RESIDENCE   SERVED TO OTHERS   SERVED TO OTHER   SERVED TO		# PI	REMISES:			MED PAY (Y/N):	\$	MINE SUBSIDENCE	PRO	OP DESC	):			\$
THEF   SOURCE   THEF   SOURC		LO	C #:	MED PAY (Y/	N):	# FAMILIES:	s			REQ IN	ICR CONTENTS	\$	LIMIT	
OTHERS	RENTED TO	TEF	RR:				Ť					•		
DILIDER'S RISK   THEFT BLOG   S LIMIT   S   DEBUSTRICE TYPE:   DEBUSTRICE TYPE:   S   DEB	OTHERS	LO	C #:	MED PAY (Y/	N):	# FAMILIES:	s	PRIVATE SCHOOL,	s			,	,	s
BUILDER RISKS HEFF BLOCK COLLAPS DUE TO PRESSURE    INCLUDED   S   LIMIT   S		TEF	RR:				Ť		<u> </u>	RUCT TY				Ť
MATERIALS   INCLUDED   MICHURE   MOLUDED   M			1		\$	LIMIT	\$	PREMISES	_					
HYDROSTATIC   PLANTS STRUCTURE DESC:	MATERIALS		INCLUDE	:D					\$		LIMIT			
BUILDING ORD OR LAW COVERAGE   S			1		\$	LIMIT	\$		STF	RUCTUR	E DESC:			\$
BUILDING ORD OR JAMES   NCLUDED   S   LIMIT   S   FRENCENATED   FOOD PRODUCTS   NCLUDED   S   LIMIT   S    BUS PROP AT HOME   NCLUDED   S   LIMIT   S   COLLAPSE   NCLUDED   S   LIMIT   S    BUS PROP AT HOME   NCLUDED   S   LIMIT   S   COLLAPSE   NCLUDED   S   LIMIT   S    BERTROHITYPE:   NCLUDED   NCLUDED   NCLUDED   S   LIMIT   S    BERTROHITYPE:   NCLUDED   NCLUDED   NCLUDED   NCLUDED   S   LIMIT   S    BERTROHITYPE:   NCLUDED   N	PRESSURE		INCLUDE		•	11100						LIMIT	s	
BUSINESS PROPATHOME		\$	INGLUE		\$		\$			INCLU	DED	Ť		·
SINK HOLE   MAXYER MOVAL   MICLUDED   S LIMIT   S COLLAPSE   MICLUDED					•		•			INCLU	DED	\$	LIMIT	\$
DEBRIS REMOVAL   MICLUDED   S LIMIT   S MONTHONNERS ALTERATIONS   S MONTHONNERS ALTE					-					INCLL	DED			\$
ADDITIONS & ALTERATIONS   NOLLUDED   TERR:   ALTERATIONS   SPECIAL COVERAGE   NOLLUDED							-			INCLU	DED			
RETROFITYPE:   SPECIAL COVERAGE   NOLUDED	DEBRIS REMOVAL		INCLUDE		-		•	ADDITIONS &				\$	LIMIT	\$
S	EARTHOUAKE			% DED			•			INCLU	DED			
MATCHES, FURS	LAKTINGOAKE	\$		DED			-		\$		AGG	g.	INCR	•
NOTE NOT   NOTE NOT   NOTE NOT   NOT NOT   NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	EMPLOYERS LIAB	\$		LIMIT			\$		Ψ			<b>"</b>	IIVOIX	<b>"</b>
WATERCRAFT   SERVICE CHARGE   S	EQUIP BREAKDOWN		7 INC & DED		DED & LIMIT					INCLU	DED	\$	LIMIT	\$
SERVICE CHARGE	, ,,		INC \$	DED	S LIMIT		\$		\$		LIMIT			\$
FLOOD   S			INCLUDE	:D			\$		ľ					
FUNGUS AND MOLD   EXCL PROP DAMAGE   LIABILITY   S	FLOOD	\$		BLDG	G \$ CONTENTS		\$		\$		LIMIT		\$	
EXCL PROP DAMAGE   S LIABILITY   WORKERS COMPENSATION FULL TIME INSERVANT   WORKER COMPENSATION FULL TIME INSERVANT   WORK	FUNGUS AND MOLD		EXCL LIA	BILITY	\$	PROPERTY		WINDSTORM EXCL		YES	(Not applicable i	n Arkansas)		\$
NOLLUDED	T OTTOGO 7 ITTO MIGES		EXCL PR	OP DAMAGE	\$	LIABILITY	*					NV, NH, NJ,	NY, ND, OH,	
COVERAGE TYPE   OPTS   LIMIT   APPL TO   DEDUCTIBLE   PREMIUM			INCLUDE	D	# GOL	F CARTS:	\$	FULL TIME	1					s
PHYSICAL DAMAGE		DES	SCRIPTION	<b>l</b> :				INSERVANT					1	
INCIDENTAL   FARMING PERS LIAB   MEDICAL PAYMENTS (Y/N):		\$		LIMIT			\$			OPTS		APPL TO		PREMIUM
INCIDENTAL   FARMING PERS LIAB   MEDICAL PAYMENTS (Y/N):	IDENTITY FRAUD EXP		INCLUDE	:D	\$	LIMIT	\$				•		-	
NOR COV C   SPECIAL LIAB LIMIT   ELECTRONIC APP   NAND OUT OF VEHICLE   ELECTRONIC APP IN VEHICLE   STOTAL				MENTO 0/AD			s	DESCRIPTION			•			\$
SPECIAL LIAB LIMIT   ELECTRONIC APP   IN AND OUT OF VEHICLE   S		MEI	DICAL PAY	MENTS (Y/N):			<b>,</b>	0005						
SELECTRONIC APP   NAND OUT OF VEHICLE   S											•		-	
VEHICLE         CODE         \$         \$           ELECTRONIC APP IN VEHICLE         \$         TOTAL         \$         INCR         \$         DESCRIPTION         \$         TYPE:         \$           GUNS         \$         TOTAL         \$         INCR         \$         TERR:         Y/N:           MONEY         \$         TOTAL         \$         INCR         \$         CODE         \$         \$         \$           SECURITIES         \$         TOTAL         \$         INCR         \$         DESCRIPTION         \$         TYPE:         \$           SILVERWARE         \$         TOTAL         \$         INCR         \$         TERR:         Y/N:		•		TOTAL	•	INCR		DESCRIPTION			•			•
SECURITIES   STOTAL		Ð		TOTAL	Þ	INCK	•	CODE						
GUNS         \$         TOTAL         \$         INCR         \$         CODE         \$         Y/N:           MONEY         \$         TOTAL         \$         INCR         \$         CODE         \$         \$         \$           SECURITIES         \$         TOTAL         \$         INCR         \$         DESCRIPTION         \$         TYPE:         \$           SILVERWARE         \$         TOTAL         \$         INCR         \$         TERR:         Y/N:		\$		TOTAL	\$	INCR	\$						-	<b>S</b>
MONEY         \$         TOTAL         \$         INCR         \$         CODE         \$         \$         \$         \$         SECURITIES         \$         TOTAL         \$         INCR         \$         DESCRIPTION         \$         TYPE:         \$         \$         SILVERWARE         \$         TERR:         Y/N:		\$		TOTAL	\$	INCR	s	DECOM HON			•			<b>"</b>
SECURITIES         \$         TOTAL         \$         INCR         \$         DESCRIPTION         \$         TYPE:         \$           SILVERWARE         \$         TOTAL         \$         INCR         \$         TERR:         Y/N:	-							CODE						
SILVERWARE \$ TOTAL \$ INCR \$ TERR: Y/N:													-	s
											•	l		•
			ATION		1	-	1	ı					I.	1

GE	NERAL INFORMATION					
EXP	LAIN ALL "YES" RESPONSES					Y/N
1.	ANY OTHER INSURANCE WITH	THIS COMPANY? (List policy	numbers)			
	LINE OF BUSINESS	POLICY NUMBER		LINE OF BUSINESS	POLICY NUMBER	
2.	HAS ANY COVERAGE BEEN DE (Missouri Applicants - Do not a		DN-RENEWED DU	JRING THE LAST THREE (3	) YEARS?	
3.	HAS APPLICANT HAD A FOREC	CLOSURE, REPOSSESSION, E	BANKRUPTCY OF	R FILED FOR BANKRUPTC	Y DURING THE PAST FIVE (5) YEARS?	
4.	HAS APPLICANT HAD A JUDGE	MENT OR LIEN DURING THE	PAST FIVE (5) Y	EARS?		
5.	ANY OTHER RESIDENCE, NOT	LISTED ON ANY APPLICATIO	N, OWNED, OCC	CUPIED OR RENTED?		

GE	NERAL INFORMA	ATION (co	ntinued)			A	GENCY	cus	том	ER ID:					
	LAIN ALL "YES" RESPO		,												Y/N
6.	HAS INSURANCE B	BEEN TRANS	SFERRED WITHIN	I AGENC	Y?										
7.	DOES APPLICANT	OWN ANY R	RECREATIONAL V	EHICLES	S (SNOW I	/OBILES	S, DUNE	BUG	GIES,	MINI BIKES,	ATVS, etc), NO	T SCHEDU	LED ON TH	IS POLICY?	
	YEAR MAKE				M	ODEL	-			<u> </u>	BODY TYPE				
8.	DURING THE LAST OF THE CRIME OF (In RI, failure to disci	FRAUD, BR	IBERY, ARSON O	R ANY O	OTHER AR	SON-RE	LATED (	CRIMI	E IN C	ONNECTION	WITH THIS OF	ANY OTH	ER PROPER		
	NERAL INFORMA														Y/N
	ANY BUSINESS CO				ARMING				TELE	COMMUTER		MY CARE	4 OF CUII DE	) [N.	N
	7.111 200111200 00		ONT INEMIOES.		_	NE /DL IOIA	1500	$\vdash$	IELE	COMMUTER		AT CARE	OF CHILDF	KEIN:	''
2	ANY RESIDENCE E	MDI OVEES	2 # ELILL TIME:		OME OFFIC		NESS			# PART TII	ME: DESCI	RIPTION:			_
										# PART III	VIE. DESCI	RIPTION.			_
	ANY FLOODING, BI														
4.	ARE THERE ANY A	NIMALS OR	EXOTIC PETS KE	EPT ON F	PREMISES	5?	_								
	ANIMAL TYP	'E	BREED		BITE HISTO	RY (Y/N)		A	NIMAL	. TYPE	BRI	EED	BITE HIST	TORY (Y/N)	
5.	IS PROPERTY SITU	JATED ON N	ORE THAN ONE	ACRE?	# OF ACE	RES:	LANI	) USE	D FO	R:					
6.	ANY UNCORRECTE	ED FIRE OR	BUILDING CODE	VIOLATI	IONS?										
7	IS THE DWELLING	/ HOME FOR	R SALE? (no expla	anation re	equired)										+
	IS PROPERTY WITH					SIDENTIA	AL PRO	PERT	Y? (If	"YES", descr	ibe in detail)				
9.	IS THERE A TRAMP														N
	a. IF "YES", IS THE	RE A SAFE	TY NET? (no expla	anation n	needed)										
10.	WAS THE STRUCTO		NALLY BUILT FOR	OTHER	THAN A P	RIVATE	RESIDE	ENCE	AND <sup>-</sup>	THEN CONVE	ERTED?				
11.	ANY LEAD PAINT?														+
12.	IF A FUEL TANK IS (If "YES", provide the		,												
	INSURANCE COMP		, , , , , , , , , , , , , , , , , , , ,	, , , , , ,					LIMI			CLEANUP/	SLIBLIMIT:		
13	IS THE RESIDENCE		D COMMUNITY2	NAME	E OF COM	ALINITY:			LIIVII	1.		CLLANOF	SUBLIMIT.		_
	IF BUILDING IS UNI						AL CON	TDAC	TODA						_
14.	START DATE	COMP DATE		ADDITION sq. ft	N ADD LE	VEL STI	RUC CHA		MAT	ERIALS UNATT	ACHED OCC DI	JRING REN	COST OF F	PROJECT	
15.	IS THERE AN APPR ROOM USED FOR S		BON MONOXIDE	ALARM I	IN OPERA	TING CC	NDITIO								
16	IS THE NAMED INS		•	, ,	•			amo o	of the	ownor)					+
10.	OWNER'S NAME:	OKED THE	OWNER OF THE	NOI LI	XII: (II IV	O , piovi	de the h	iairie (	n tile (	owner)					N
	NERAL INFORMA		ENTERS AND C	ONDO	SONLY	LOC #	F:								
	LAIN ALL "NO" RESPON														Y/N
	IS THERE A MANAC			IANAGER	R'S NAME:						PHC	NE (A/C,No	0):		_
2.	IS THERE A SECUR	RITY ATTEN	DANT?												
3.	IS THE BUILDING E	ENTRANCE I	LOCKED?												
<u>Δ</u> η	DITIONAL INTER	FST (Attac	ch ACORD 45	Δdditio	nal Inter	est Sch	edule	if me	ore si	nace is req	uired)				
	REST		E AND ADDRESS RA		EVIDEN						vuj		INTEREST IN I	TEM NUMBER	
	ADDITIONAL INSURED		L AND ADDRESS K		LAIDE		CERTIF	TICATE		SEND BILL		LOCATION			
	LIENHOLDER												٧.	BUILDING:	
	LOSS PAYEE											VEHICLE: ITEM CLASS:		BOAT:	
	MORTGAGEE											CLASS: ITEM DES	CDIDTION	ITEM:	
I		1										Lini DL3	J 11014		

REFERENCE / LOAN #:

MORTGAGEE TRUSTEE

## AGENCY CUSTOMER ID:

# **ATTACHMENTS**

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

### **REMARKS**

### **BINDER / SIGNATURE**

INSURANC	INSURANCE BINDER											
EFFECTIVE DATE	EXPIRATION DATE											
TIME	12:01 AM											
	NOON											
COVERAGE IS NO	COVERAGE IS NOT BOUND											

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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.

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.

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.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBLITY FOR COVERAGE UNDER THE INSURANCE POLICY.

APPLICABLE IN MICHIGAN: THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED.

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 HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. (Not applicable in MN)

MINNESOTA RESIDENTS SHOULD SUBMIT ACORD 38 MN, TO AUTHORIZE RELEASE OF PERSONAL INFORMATION.

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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) 10678708
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

### STILLWATER INSURANCE COMPANY - SUPPLEMENTAL APPLICATION

Listed below are the underwriting questions and the response by your client to each of those underwriting questions as entered by you, the producer. These responses must be acknowledged by you, the producer as true and correct. This acknowledgement will be made on the Stillwater Insurance web site prior to submission of the policy. The producer is required to keep on file a copy of the questions/answers signed by the insured.

Name: BRANDON CAH4 DUFFY

Home Type: Single Family Home Detached Renters Policy (HO4)

Property Address: 707 S EMILY ST

Property City/State/Zip: ANAHEIM,CA 928054736 1.Apply Stillwater Insurance Employee Discount?: No

2.Apply Auto/Home Discount (i.e. both the automobile and homeowner policies are written by Stillwater)?:

No

3.Is there any pre-existing damage to the home? This includes, but is not limited to, exterior wall damage, excessive peeling paint, damaged soffits or fascia, broken windows or doors, chimney damage, etc. [If "Yes", risk is Prohibited]: No

4.If there is a solid fuel burning appliance present (e.g. wood burning stove), was it professionally installed? This would include stoves, fireplace inserts, or similar devices that burn wood, pellets, or other solid fuels. Note: Built in Fireplaces that have a metal or masonry chimney are not considered to be a Solid Fuel Burning Appliance.: No solid fuel burning appliance exists

5. Does the occupant of the dwelling own an animal or plan on acquiring one in the next 12 months?: No 6.1s it one of the following dogs or mixed breed of the following: Akita, Alaskan Malamute, American Staffordshire Terriers, Boxer, Chow, Dalmatian, Doberman Pinscher, German Shepherd, Husky, Pit Bull, Presa Canario (Canary dog), Rottweiler, Staffordshire Bull Terriers, Wolf-dogs and Wolf hybrids, or any dog known by breed to be vicious or where any previous dog bite history exists? By marking NO you agree that you will not acquire the dogs listed while insured.: No

7.Is there a manned Fire Department within 5 miles of the residence? If the Fire Department requires a subscription, do you agree to maintain the subscription while insured under this policy? [If "No", risk is Prohibited]: Yes

8.Are any abandoned, non-operational, not regularly used, or commercial vehicles stored at this location? [If "Yes", risk is Prohibited]: No

9.Do you employ any domestic workers more than 10 hours per week at this dwelling premises? [If "Yes", risk is Prohibited]: No

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10.Is a business conducted on the property? [If "Yes", risk is Prohibited]: No

11.If the residence has a pool, is the pool fully enclosed? [If "No, Pool Not Fully Enclosed", risk is Prohibited]: No Pool

12.Is there a pool that is either unfenced, unfilled or unmaintained? [If "Yes", risk is Prohibited]:

13.Is there a pool with either a diving board or a slide?: No Diving Board or Slide

14.In the past 36 months, how many losses of any kind have you had?:

Liability Related: 0 Water Related: 0 Weather Related: 0 All Others: 0

15. Are there any trampolines at this location? [If "Yes", risk is Prohibited]: No

16.Does the property have an outbuilding with more than 900 sq feet of ground floor area, and/or is

there farming/ranching equipment, or are there any horses, cows, sheep, chickens, or any other farm

animals or exotic pets present on the premises? [If "Yes", risk is Prohibited]: No

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.

INSURED	NAME - PRINT	

INSURED NAME - SIGNATURE DATE SIGNED

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