R	
ACORD	

HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
12/02/2015

						. • , , ,	•••			12/	JZ/ZU13		
AGENCY FNSFN3 IDA457	70				CARRIE STILLW		SURANCE	COMPANY				IAIC CODE 180	
STILLWATER INSURAN	CE SERVICES				NAMED INSURED(S)								
PO BOX 45126	CL SERVICES				THIS IS A TEST - NO COVERAGE PROVIDED QUA								
JACKSONVILLE FL 3223	32-5126				1111010	77.1201	110 001	LIVIOLITIO	IDED Q	071			
CONTACT NAME:					1								
PHONE (A/C, No, Ext):	(888)333-2120				1								
FAX (A/C, No):	(888)333-2490				POLICY NU	MBER AF	3063895						
E-MAIL ADDRESS:													
CODE: FNS FN3	SUB	CODE:			PLAN	5 40 00 4	- 0.4 - 4	FACILITY CODE	1	TIVE DATI		ATION DATE	
AGENCY CUSTOMER ID:					110 201	5-12-02-1	5.04.51		12/20	/2015	12/20)/2016	
STATUS OF TRANSAC					,								
X NEW	EFFE	CY CHANGE CTIVE DATE	TIME	AM	DATE AGE	NT LAST INS	PECTED PRO	PERTY					
RENEW				PM									
POLICY CHANGE					HOW LONG	HAVE YOU	KNOWN THE	APPLICANT					
APPLICANT INFORMAT	_				A DDI IOANI	TIO MAII INIO	4000000						
APPLICANT'S NAME (First, Midd THIS IS A TEST - NO CO		DED QUA			APPLICAN	T'S MAILING	ADDRESS						
DATE OF BIRTH	SOCIAL SECURI		MARITAL STATU	IS *	THIS IS	A TEST -	NO COVE	RAGE PROVI	DED				
57.12 G. 5.1	0001112 0200111			•				RAGE PROVI					
* This field may not be utilized fo	r nolicyholders annlyin	n for residential n	ronerty insurance in	CA									
PRIMARY DUOME DE		ONDARY	ME BUS C			-MAIL ADDR							
PHONE # HOWE B	рно	NE#				RY E-MAIL AI RESIDENCE		k if same as mailir	ng address	0\	WNED	RENTED	
PREVIOUS ADDRESS	YEARS AT PREVIOUS	S ADDRESS (if les	s than three years):		-								
			,		707 S E	MILY ST							
					ANAHEI	IM CA 928	05-4736						
						URRENT RE							
APPLICANT'S EMPLOYER NAME	AND ADDRESS	YRS WITH CUR	RENT EMPLOYER:		APPLICANT	T'S OCCUPA	TION (State N	ature of Business	if Self-Emp	loyed)			
CO-APPLICANT'S NAME (First, N	liddlo Last\				1	CURRENT OC CANT'S ADDR		YEA	RS WITH P	REVIOUS	EMPLOYE	₹:	
CO-AFFEICANT 3 NAME (First, N	iliudie, Last)				CO-AFFEIG	ANI S ADDI		Check ii Saine as i	Аррисан				
DATE OF BIRTH	SOCIAL SECURI	TY#	MARITAL STATU	IS *	-								
* This field may not be utilized fo	r policyholders applyin	g for residential p	roperty insurance in	CA.	1								
PRIMARY DHOME DRI			ME BUS C		DDIMARY	E-MAIL ADDR	ECC.						
PHONE #	_ РНО	NE#				RY E-MAIL ADD							
CO-APPLICANT'S EMPLOYER NA	AME AND ADDRESS	YRS WITH CUR	RENT EMPLOYER:					te Nature of Busin	ess if Self-E	mployed)			
					YEARS IN C	CURRENT OC	CUPATION:	YEA	RS WITH P	REVIOUS	EMPLOYE	₹:	
COVERAGES / LIMITS	OF LIABILITY L	_OC #:											
COVERAGE	LIMIT	PREMIUM	COVERAGE			OPTION		LIMIT			PREMIUN	Л	
DWELLING	\$ N/A	\$	REPL COST -	FULL V	'ALUE	INCLUI	DED		% MAX	\$			
OTHER STRUCTURES	\$ N/A	\$	REPL COST -	DWELL	ING	INCLU	DED			\$			
PERSONAL PROPERTY	\$ 20,000	\$	REPL COST -	CONTE	NTS	INCLU	DED			\$			
LOSS OF USE	\$ \$8,000	\$											
BLANKET *	\$	\$	DEDUCTIBLE		MOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOU	NT F	ERCENT	TYPE	
PERSONAL LIABILITY EA OCC	\$ 300,000	\$	BASE	\$ 1,0	000	%	Х	NAMED HURRICANE**	\$		%		
MEDICAL PAYMENTS EA PER	\$ 2,000	\$	WIND / HAIL	\$		%		ANNUAL HURRICANE**	\$		%		
	\$	\$	THEFT	\$		%	_		\$		%		

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

HO FORM #:

^{*} Includes Dwelling, Other Structures, Personal Property, Loss of Use

^{**} Not Applicable in North Carolina

AGENCY CUSTOMER ID:

PATMENTPLA	AIN (ALI	ach At	JUK	D 610, PI	emiun	n Pay	men	Couppleme	ent, i	ı au	lultional	inio	ırmatı	011 15 1	equire	u)						
BILLING ACCOUNT #	# :						DEF	POSIT AMOUNT	: \$	1	84.00					EST	TOTA	L PRE	MIUM: \$	18	34.00	
BILLING		PAYME	NT PL	AN			PA	MENT METHO	D									MAIL	POLICY 1	0:		
DIRECT BILL - F	POLICY	X FU	ILL PA	Y	ві-моі	NTHLY		CASH			EFT							X	AGENT			
DIRECT BILL - A	ACCT	AN	INUAL		MONT	HLY		CHECK		-	PAYROLL I	DEDUC	CTION						INSURED			
AGENCY BILL		SE	MI-AN	INUAL				CREDIT CARE	o *		PRE-AUTH	ORIZE	D DRAF	T/CHEC	(PAC)							
		QL	JARTE	:RLY	J		* No	ı ot applicable in N	ıc 🗀													
PAYOR							_	EMIUM FINANCI		FINA	ANCE COM	PANY										
X INSURED	MOR	TGAGEE		1			-	Y/N														
				C #-				1714														
CONSTRUCTION TY		W		OC #: URSE OF CO	NETDII	CTION	ноп	SEKEEPING CO	MDITI	ION							Τ					
CONSTRUCTION 111	PE	76		UKSE UF CC]	NSIKU	CHON	поо	SEREEPING CC		ION			PROT	ECTION D			┥.	STANC		1		
MASONRY VEN	IEER			BUILDERS	RISK			EXCELLENT		AVE	RAGE	SY	STEM	SMOKE	TEMP	BURG	<u> </u>		YDRANT 1000 .		FIRE ST	
FRAME				RENOVATI	ON			GOOD		BEL	OW AVG	CE	NTRAL	X		X	_			T	< 5	IVII
X MASONRY				RECONST	RUCTION	N	_	MBING CONDIT	ION			DIF	RECT				_ #	FIRE	DIVISIONS	' #	UNITS F	FIRE DIV
			oc	CUPANCY				EXCELLENT		AVE	RAGE	LO	CAL	X								
SIDING		%		OWNER				GOOD		BEL	OW AVG	DO	OR LO	CK	SPRINK	LER			CLASS	FIF	E EXTIN	IGUISHER
ALUMINUM SID	ING		Х	TENANT			ANY	KNOWN LEAKS	? (Y/N	1)		Х	DEAD	BOLT	PA	RTIAL		02			Υ	Y/N
STUCCO				UNOCCUP	IED		ROO	F CONDITION					SPRI	NG	FU	LL	TE	RRITO	RY 7	75		
VINYL SIDING /	PLASTIC	:		VACANT				EXCELLENT		AVE	RAGE								,	3		
CEDAR, WOOD SHINGLE	,			1				GOOD			OW AVG	FIR	E DIST	RICT NAM	1E				FI	RE DIS	T CODE	
EIFSCB (on cind			RES	SIDENCE TY	PE			F MATERIAL														
EIFSS (on studs)			X	DWELLING				0	ther			PR	IMARY	HEAT		NON	ıE	SECO	DNDARY I	HEAT		NONE
EIF33 (OII Studs))			1			DIST	ANCE TO TIDA	L WAT	ΓER		7					NE					NONE
YEAR EIFS INSTALLE	FD·			APARTMEN				_			☐ Feet	-										
USAGE TYPE	LD.		-	CONDOMIN			PLIE	CHASE PRICE	_	_	ASE DATE		TE HEA	TING SY	STEM LA	ST SER	VICE):	El E	TRIC	AL SYST	EMS
				TOWNHOU			\$	OHAGE I MIGE		012	AGE DATE	 • • • •	7									
PRIMARY		ASONAL	-	ROWHOUS	SE .		_	IDITY				-	COPF	PER	LAS	T INSPE	CTED	DATE	X	CIRCL	JIT BREA	KERS
SECONDARY	FA	RM		CO-OP			SEC	URITY VISIBLE FROM		7 VIS	SIBLE TO		ALUN	IINUM					\vdash	FUSES	3	
]				ROAD		NE	IGHBORS		KNOE	8 & TUBE					NUM	BER O	F AMPS	
							ш	OCCUPIED DAI	ILY													
YEAR BUILT	# R	OOMS		# FAMILIE	ES _	RATING	3 CREI	DITS	-	DWE	ELLING LO	CATIC	ON RA	TING			RE	NOVA	TIONS	PART	COMP	YEAR
1980		_		001		NO	ON-SM	OKER	L		IN CITY L	IMITS		CLASS	S	PECIFIC) WI	IRING				
MARKET VALUE	# A	PARTME	NTS	# HOUSEI RESIDE	HOLD NTS	MA	ANNED	SECURITY	L		IN FIRE D	ISTRIC	CT FO	UNDATIC	NC NC	NE	PL	.UMBIN	IG			
\$						LIC	GHTNII	NG PROTECTIO	N		IN PROT	SUBUF	RB	OPEN			HE	ATING	,			
REPLACEMENT COS	ST # W	EEKS RE	NTED	TAX COD	E	OF	FF PRE	MISE THEFT E	XCL					CLOSE	D		RC	OOFING	3			
\$									Ī	FUE	L STORAG	E TAN	NK LOC	ATION	NC	NE	EX	TERIC	R PAINT			
TOTAL LIVING AREA	A BLE	G CODE	GRAD	DE							INDOORS	ABO\	/E GRO	UND MAS	SONRY F	LOOR	w	IND CL	ASS			
SQI	FT					SWIMM	IING P	OOL NONE	Х		INDOORS	ABO\	/F GRO	UND NO	MASONE	Y FI OC)R	RES	SISTIVE		SEMI-RE	ESISTIVE
BASEMENT AREA		PECTED	(Y/N):			ΔΕ	SOVE O	GROUND			OUTDOO							7			02	.0.02
SQI	FIR	EPLACES	S (Ente	er # or 0 for r	one)		GROU		Ī		OUTDOO						WI	INDST	ORM			
GARAGE AREA	''		•		Τ				ŀ		OUTDOO	NO DE	LOW G	KOUND			ST	ORM S	SHUTTERS	3		
		MNEYS			+			ED FENCE		FLIE	L LINE LO	ΑΤΙΟΙ	N				-	7 A		В		
SQ I		ARTHS			\vdash			BOARD	ŀ								-	┤^] "		
BREEZEWAT AREA	PRE	-FAB				SL	IDE		ŀ		UNDER G	ROUN	ID				-	┦	DIOANE	250107		
		OD STOV	/E INS	ERT							THROUG	H FOU	NDATIC	N				HUF	RRICANE	\E3 3	IVE GLA	100
LOCATION SC	HEDU	<u>LE</u>												1								
LOC # STREET							CIT	Υ						COUNT	ГҮ				STATE	ZIP	+ 4	
																			1	_		
																				1		
PRIOR COVER	AGE			NO P	RIOR	COVE	ERA	GE														
PRIOR CARRIER											PR	OR PC	DLICY N	UMBER						EX	PIRATIC	ON DATE
																					11/16/2	
	ANY	LOSSES,	WHET	THER OR NO	T PAID E	BY INSU	IRANC	E, DURING				Υ/	N	IF VE	INDICA	TE REI	ow.		PPLICAN	r's		
LOSS HISTORY	Y THE	LAST	YE	ARS, AT THI	S OR AT	ANY O	THER I	LOCATION?				.,		J L.3,	,			II I	NITIALS:	ENTE	DEN DV	IN
LOSS DATE	LOSS	TYPE						DESCRIPTION (OF LOS	ss					CA.	т#	AM	OUNT	PAID	(A)	RED BY GENT MPANY	DISPUTE
															+	_				(0)0	WIPANY	(Y / N)
															+	\$						
 			+												+-	\$						+
			+												+	- \$				-		+

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

PPEMBESS PREMBESS	COVERAGE TYPE			COVERAC			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM		
LIGHILTY	ADDITIONAL	# PI	REMISES:				\$	INFLATION GUARD			% INCREA	ASE		\$
EXTENSION LOC TERR:		LO	C #:	TERR:			\$	LOSS ASSESSMENT	\$		\$			
ADDITIONAL RESIDENCE MED PAY (YNN) # FAMILIES: TERR:		LO	C #:	TERR:			\$		\$ LIMIT CONST MATERIAL:					
RESIDENCE SERVED TO OTHERS SERVED TO OTHER SERVED TO		# PI	REMISES:			MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:					\$
THEF SOURCE THEF SOURCE THEF SOURCE		LO	C #:	MED PAY (Y/	N):	# FAMILIES:	s			REQ IN				
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
BUILDER RISKS HEFF BLOCK COLLAPS DUE TO PRESSURE INCLUDED S LIMIT S		TEF	RR:				Ť		<u> </u>	<u> </u>				Ť
MATERIALS INCLUDED MICHURE MOLUDED M			1		\$	LIMIT	\$	PREMISES	_					
HYDROSTATIC PLANTS STRUCTURE DESC:	MATERIALS		INCLUDED					\$		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				1		\$	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 SECOLA COVERAGE NOLLUDED							-			INCLU	DED			
RETROFITYPE: SPECIAL COVERAGE NOLUDED	DEBRIS REMOVAL		INCLUDE		-		•	ADDITIONS &				\$	LIMIT	\$
S	EARTHOUAKE			% DED			•			INCLUDED				
MATCHES, FURS	LAKTINGOAKE	\$		DED			-		\$		AGG	<u>«</u>	INCR	•
NOTE NOT NOTE NOT NOTE NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	EMPLOYERS LIAB	\$		LIMIT			\$	WATCHES, FURS				"	IIVOIX	"
WATERCRAFT SERVICE CHARGE S	EQUIP BREAKDOWN		1							INCLU	DED	\$	LIMIT	\$
SERVICE CHARGE	, ,,		INC \$	DED	\$	LIMIT	\$		\$ LIMIT					\$
FLOOD S			INCLUDE	:D			\$		ľ					
FUNGUS AND MOLD EXCL PROP DAMAGE LIABILITY S	FLOOD	\$		BLDG	\$	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 in 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	l :				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):			,	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				TOTAL	Þ	INCK	3	CODE						
GUNS \$ TOTAL \$ INCR \$ CODE \$ Y/N: MONEY \$ TOTAL \$ INCR \$ CODE \$ \$ \$ SECURITIES \$ TOTAL \$ INCR \$ DESCRIPTION \$ TYPE: \$ SILVERWARE \$ TOTAL \$ INCR \$ TERR: Y/N:		\$		TOTAL	\$	INCR	\$						-	S
MONEY \$ TOTAL \$ INCR \$ CODE \$ \$ \$ \$ SECURITIES \$ TOTAL \$ INCR \$ DESCRIPTION \$ TYPE: \$ \$ SILVERWARE \$ TERR: Y/N:		\$		TOTAL	\$	INCR	s	2200Kii HON			•			"
SECURITIES \$ TOTAL \$ INCR \$ DESCRIPTION \$ TYPE: \$ SILVERWARE \$ TOTAL \$ INCR \$ TERR: Y/N:	-							CODE						
SILVERWARE \$ TOTAL \$ INCR \$ TERR: Y/N:													-	s
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			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	3) YEARS?					
3.	3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?									
4.	4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?									
5.	ANY OTHER RESIDENCE, NOT	LISTED ON ANY APPLICATIO	N, OWNED, OCC	CUPIED OR RENTED?						

GE	NERAL INFORMATION	ON (continued)		A	GENCY	cus	ТОМЕ	R ID:					
	LAIN ALL "YES" RESPONSE												Y/N
6.	HAS INSURANCE BEEF	N TRANSFERRED WITHIN	AGENC'	Y?									
7.	DOES APPLICANT OW	N ANY RECREATIONAL V	'EHICLES	(SNOW MOBILES	S, DUNE	BUG	GIES, N	IINI BIKES,	ATVS, etc), NO	Γ SCHEDU	ILED ON THI	S POLICY?	
	YEAR MAKE			MODEL					BODY TYPE				
8.	OF THE CRIME OF FRA	E (5) YEARS [TEN (10) YEAUD, BRIBERY, ARSON C the existence of an arson	R ANY O	THER ARSON-RE	LATED (CRIME	IN CC	NNECTION	WITH THIS OR	ANY OTH	ER PROPER		
		ON - RESIDENTIAL											Y/N
		UCTED ON PREMISES?		RMING		П	TELEC	OMMUTER		AV CARE	# OF CI III DD	EN.	N
	71111 200111200 00112	OOTED OITT KEMIOEO.		_	1500		IELEC	OWNOTER		AT CARE	# OF CHILDR	.EIN	''
2	ANV DESIDENCE EMP	LOYEES? # FULL TIME:		ME OFFICE/BUSING CRIPTION:	NESS			# PART TIN	/E: DESCE	RIPTION:			
								# PART III	/IE. DESCR	RIPTION.			
		SH, FOREST FIRE OR LAN											
4.	ARE THERE ANY ANIM	IALS OR EXOTIC PETS KI	EPT ON P	PREMISES?					_				
	ANIMAL TYPE	BREED		BITE HISTORY (Y/N)		А	NIMAL 1	ΓΥΡΕ	BRE	ED	BITE HIST	ORY (Y/N)	
5.	IS PROPERTY SITUATI	ED ON MORE THAN ONE	ACRE?	# OF ACRES:	LANE) USE	D FOR	:					
6.	ANY UNCORRECTED F	FIRE OR BUILDING CODE	VIOLATIO	ONS?									
7	IS THE DWELLING / HO	DME FOR SALE? (no expl	anation re	auired)									
		300 FEET OF A COMMER		· ′	AL PROI	PERT	Y? (If "	YES", descri	be in detail)				
9.		INE ON THE PREMISES?											N
	a. IF "YES", IS THERE	A SAFETY NET? (no expl	anation ne	eeded)									
10.	WAS THE STRUCTURE ORIGINAL OCCUPANCE	E ORIGINALLY BUILT FOR Y:	ROTHER	THAN A PRIVATE	RESIDE	ENCE	AND TI	HEN CONVE	RTED?				
11.	ANY LEAD PAINT?												
12.		PREMISES, HAS OTHER						?					
	•	me of the insurance compa	any, the ap	oplicable limit and t	ine clean	nup su	DIIMIT)						
	INSURANCE COMPANY	<u>':</u>					LIMIT			CLEANUP/	SUBLIMIT:		
13.	IS THE RESIDENCE IN	A GATED COMMUNITY?	NAME	OF COMMUNITY:									
14.	IF BUILDING IS UNDER	CONSTRUCTION, IS TH	E APPLIC	ANT THE GENER	AL CON	TRAC	TOR?						
	START DATE CO	MP DATE INT EXT % %	ADDITION sq. ft.			NGES	_	RIALS UNATT	ACHED OCC DU	Y/N	COST OF P	ROJECT	
15.		ED CARBON MONOXIDE EPING PURPOSES? (IL -				N WIT	HIN TH	IE MANDAT	ED NUMBER O	F FEET OF	EVERY	·	
16.	IS THE NAMED INSURI	ED THE OWNER OF THE	PROPER	TY? (If "NO", provi	ide the n	ame o	of the ov	vner)					
	OWNER'S NAME:												N
GF	NERAL INFORMATION	ON - RENTERS AND C	CONDOS	SONLY LOC	<u>#</u> -								
	LAIN ALL "NO" RESPONSES												Y/N
1.	IS THERE A MANAGER	ON THE PREMISES? M	MANAGER	'S NAME					PHO	NE (A/C,No).		
	IS THERE A SECURITY									(, , , , ,			
3.	IS THE BUILDING ENTI	RANCE LOCKED?											
AD	DITIONAL INTERES	T (Attach ACORD 45,	Addition	nal Interest Sch	edule.	if mo	re sp	ace is requ	uired)				
	EREST	NAME AND ADDRESS R		EVIDENCE:	CERTIF			SEND BILL			INTEREST IN IT	TEM NUMBER	
	ADDITIONAL INSURED									LOCATION	N:	BUILDING:	
	LIENHOLDER									VEHICLE:		BOAT:	
	LOSS PAYEE									ITEM CLASS:		ITEM:	
	MORTGAGEE									ITEM DES	CRIPTION		

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

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