



HOMEOWNER APPLICATION

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

AGENCY FNSFN3 IDA4570		CARRIER STILLWATER INSURANCE COMPANY		NAIC CODE 25180	
STILLWATER INSURANCE SERVICES PO BOX 45126 JACKSONVILLE FL 32232-5126		NAMED INSURED(S) THIS IS A TEST - NO COVERAGE PROVIDED QUA			
CONTACT NAME: PHONE (A/C. No. Ext): (888)333-2120 FAX (A/C. No.): (888)333-2490 E-MAIL ADDRESS:		POLICY NUMBER AFS063895			
CODE: FNS FN3 SUBCODE:		PLAN 257 2015-12-09-14.18.45	FACILITY CODE	EFFECTIVE DATE 12/20/2015	EXPIRATION DATE 12/20/2016
AGENCY CUSTOMER ID:					

STATUS OF TRANSACTION

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

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) THIS IS A TEST - NO COVERAGE PROVIDED QUA			APPLICANT'S MAILING ADDRESS THIS IS A TEST - NO COVERAGE PROVIDED THIS IS A TEST - NO COVERAGE PROVIDED		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS *	PRIMARY E-MAIL ADDRESS: brandon.duffy@stillwater.com		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			SECONDARY E-MAIL ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years):			707 S EMILY ST ANAHEIM CA 92805-4736		
APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:			DATE AT CURRENT RESIDENCE:		
			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
			YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:		
CO-APPLICANT'S NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS *			
* This field may not be utilized for policyholders applying for residential property insurance in CA.					
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY E-MAIL ADDRESS:		
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:			SECONDARY E-MAIL ADDRESS:		
			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
			YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:		

COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ N/A	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ N/A	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$ 20,000	\$	REPL COST - CONTENTS	INCLUDED		\$
LOSS OF USE	\$ \$ 8,000	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 300,000	\$	BASE	\$ 1,000	%	X
MEDICAL PAYMENTS EA PER	\$ 2,000	\$	WIND / HAIL	\$	%	
	\$	\$	THEFT	\$	%	
HO FORM #: 4				\$	%	

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

** 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

RATING / UNDERLYING						LOC #:								
CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION	HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO				
	MASONRY VENEER		BUILDERS RISK		EXCELLENT		AVERAGE	SYSTEM	SMOKE	TEMP	BURG	FIRE HYDRANT	FIRE STATION	
	FRAME		RENOVATION		GOOD		BELOW AVG	CENTRAL	X		X	< 1000 FT	< 5 MI	
X	MASONRY		RECONSTRUCTION	PLUMBING CONDITION		DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV			
		OCCUPANCY			EXCELLENT		AVERAGE	LOCAL	X			PROT CLASS	FIRE EXTINGUISHER	
SIDING		%	OWNER		GOOD		BELOW AVG	DOOR LOCK	SPRINKLER			02	Y Y/N	
	ALUMINUM SIDING	X	TENANT	ANY KNOWN LEAKS? (Y/N)				X DEADBOLT		PARTIAL		TERRITORY	775	
	STUCCO		UNOCCUPIED	ROOF CONDITION				SPRING		FULL				
	VINYL SIDING / PLASTIC		VACANT		EXCELLENT		AVERAGE	FIRE DISTRICT NAME				FIRE DIST CODE		
	CEDAR, WOOD, SHINGLE				GOOD		BELOW AVG							
	EIFSCB (on cinder block)		RESIDENCE TYPE	ROOF MATERIAL		Other								
	EIFFSS (on studs)	X	DWELLING	DISTANCE TO TIDAL WATER										
YEAR EIFS INSTALLED:						<input type="checkbox"/> Miles <input type="checkbox"/> Feet		DATE HEATING SYSTEM LAST SERVICED:						
USAGE TYPE			CONDOMINIUM	PURCHASE PRICE		PURCHASE DATE		WIRING				ELECTRICAL SYSTEMS		
X	PRIMARY		TOWNHOUSE	\$		2012			COPPER	LAST INSPECTED DATE		X	CIRCUIT BREAKERS	
	SECONDARY		ROWHOUSE	SECURITY					ALUMINUM				FUSES	
			CO-OP	<input type="checkbox"/> VISIBLE FROM ROAD		<input type="checkbox"/> VISIBLE TO NEIGHBORS			KNOB & TUBE			NUMBER OF AMPS		
				<input type="checkbox"/> OCCUPIED DAILY										
YEAR BUILT		# ROOMS	# FAMILIES	RATING CREDITS	DWELLING LOCATION		RATING		RENOVATIONS		PART	COMP	YEAR	
1980			001		NON-SMOKER				CLASS		SPECIFIC			
MARKET VALUE		# APARTMENTS	# HOUSEHOLD RESIDENTS		MANNED SECURITY				FOUNDATION		NONE			
\$					LIGHTNING PROTECTION						OPEN			
REPLACEMENT COST		# WEEKS RENTED	TAX CODE		OFF PREMISE THEFT EXCL						CLOSED			
\$									FUEL STORAGE TANK LOCATION		NONE			
TOTAL LIVING AREA		BLDG CODE GRADE			SWIMMING POOL NONE X				INDOORS ABOVE GROUND MASONRY FLOOR		WIND CLASS			
SQ FT									INDOORS ABOVE GROUND NO MASONRY FLOOR					
BASEMENT AREA		INSPECTED (Y/N):			ABOVE GROUND				OUTDOORS ABOVE GROUND		RESISTIVE SEMI-RESISTIVE			
SQ FT					IN GROUND				OUTDOORS BELOW GROUND					
GARAGE AREA		CHIMNEYS			APPROVED FENCE				FUEL LINE LOCATION					
SQ FT		HEARTHES			DIVING BOARD				UNDER GROUND		WINDSTORM			
BREEZEWAY AREA		PRE-FAB			SLIDE				THROUGH FOUNDATION		STORM SHUTTERS			
SQ FT		WOOD STOVE INSERT									A B HURRICANE RESISTIVE GLASS			

LOCATION SCHEDULE

PRIOR COVERAGE	NO PRIOR COVERAGE
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LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST ____ YEARS, AT THIS OR AT ANY OTHER LOCATION?

Y / N ☐ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

ACORD 80 (2010/05)

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:
AGENCY CUSTOMER ID:

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	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT			\$			
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$			
BUILDING ORD OR LAW COVERAGE	\$ AGG		\$ INCR	\$	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		\$ LIMIT	\$			
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		\$ AGG		\$ INCR	\$			
EARTHQUAKE	% DED		TERR:		UNSCHEDULED JEWELRY, WATCHES, FURS	\$ AGG		\$ INCR	\$			
	\$ DED		RETROFIT TYPE:	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$			
			MAS VENEER: %		WATERCRAFT LIABILITY	\$ LIMIT			\$			
EMPLOYERS LIAB	\$ LIMIT		# OF EMPLOYEES:	\$	WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT			\$			
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC \$ DED		\$ LIMIT	\$	WINDSTORM EXCL	<input type="checkbox"/> YES (Not applicable in Arkansas)			\$			
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED			\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)						
FLOOD	\$ BLDG		\$ CONTENTS	\$		# OF EMPLOYEES:			\$			
FUNGUS AND MOLD	<input type="checkbox"/> EXCL LIABILITY		\$ PROPERTY	\$								
	<input type="checkbox"/> EXCL PROP DAMAGE		\$ LIABILITY	\$								
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED		# GOLF CARTS:	\$								
	DESCRIPTION:											
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT			\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM		
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					CODE		\$		Y / N:			
					DESCRIPTION		\$		TYPE:	\$		
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL		\$ INCR	\$	CODE		\$		Y / N:			
ELECTRONIC APP IN VEHICLE	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$		
GUNS	\$ TOTAL		\$ INCR	\$	CODE		\$		Y / N:			
MONEY	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$		
SECURITIES	\$ TOTAL		\$ INCR	\$	CODE		\$		Y / N:			
SILVERWARE	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N						
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)							
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> <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)							
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?							
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?							
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?							

GENERAL INFORMATION - RESIDENTIAL LOC #:GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

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

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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

<table border="1"> <tr> <th colspan="2">INSURANCE BINDER</th> </tr> <tr> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>TIME</td> <td>12:01 AM</td> </tr> <tr> <td></td> <td>NOON</td> </tr> <tr> <td colspan="2">COVERAGE IS NOT BOUND</td> </tr> </table>		INSURANCE BINDER		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM		NOON	COVERAGE IS NOT BOUND		<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>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.</p> <p>APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY.</p> <p>APPLICABLE IN MICHIGAN: THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED.</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 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) _____ (Applicant's Initials)</p> <p>MINNESOTA RESIDENTS SHOULD SUBMIT ACORD 38 MN, TO AUTHORIZE RELEASE OF PERSONAL INFORMATION.</p> <p>IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.</p> <p><input type="checkbox"/> 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.)</p> <p>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)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
INSURANCE BINDER												
EFFECTIVE DATE	EXPIRATION DATE											
TIME	12:01 AM											
	NOON											
COVERAGE IS NOT BOUND												
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.Is 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

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]: No

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