



# HOMEOWNER APPLICATION

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

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:		POLICY NUMBER AFS063895			
PHONE (A/C. No. Ext): (888)333-2120		PLAN 110 2015-12-02-15.04.51			
FAX (A/C. No.): (888)333-2490		FACILITY CODE		EFFECTIVE DATE 12/20/2015	EXPIRATION DATE 12/20/2016
E-MAIL ADDRESS:					
CODE: FNS FN3	SUBCODE:				
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 *			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY 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	SECONDARY E-MAIL ADDRESS:			
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years):	CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER:	707 S EMILY ST ANAHEIM CA 92805-4736		
CO-APPLICANT'S NAME (First, Middle, Last)		YRS WITH CURRENT EMPLOYER:	DATE AT CURRENT RESIDENCE:		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS *	APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
* This field may not be utilized for policyholders applying for residential property insurance in CA.		YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:			
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	CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant			
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER:	CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER:	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
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**PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)**

BILLING ACCOUNT #:				DEPOSIT AMOUNT: \$ 184.00				EST TOTAL PREMIUM: \$ 184.00				
BILLING		PAYMENT PLAN		PAYMENT METHOD				MAIL POLICY TO:				
<input type="checkbox"/>	DIRECT BILL - POLICY	<input checked="" type="checkbox"/>	FULL PAY	<input type="checkbox"/>	BI-MONTHLY			<input checked="" type="checkbox"/>	AGENT			
<input type="checkbox"/>	DIRECT BILL - ACCT	<input type="checkbox"/>	ANNUAL	<input type="checkbox"/>	MONTHLY			<input type="checkbox"/>	INSURED			
<input type="checkbox"/>	AGENCY BILL	<input type="checkbox"/>	SEMI-ANNUAL	<input type="checkbox"/>				<input type="checkbox"/>				
		<input type="checkbox"/>	QUARTERLY									
				* Not applicable in NC								
PAYOR				PREMIUM FINANCED ?		FINANCE COMPANY						
<input checked="" type="checkbox"/>	INSURED	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	Y/N							

## RATING / UNDERWRITING 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 < 1000     FT		FIRE STATION < 5     MI	
	FRAME			RENOVATION		GOOD		BELOW AVG	CENTRAL	X		X				
X	MASONRY			RECONSTRUCTION	PLUMBING CONDITION				DIRECT				# FIRE DIVISIONS		# UNITS FIRE DIV	
			OCCUPANCY			EXCELLENT		AVERAGE	LOCAL		X					
SIDING		%		OWNER		GOOD		BELOW AVG	DOOR LOCK		SPRINKLER		PROT CLASS 02		FIRE EXTINGUISHER	
	ALUMINUM SIDING		X	TENANT	ANY KNOWN LEAKS? (Y/N)				X	DEADBOLT		PARTIAL			Y     Y / N	
	STUCCO			UNOCCUPIED	ROOF CONDITION					SPRING		FULL	TERRITORY 775			
	VINYL SIDING / PLASTIC			VACANT		EXCELLENT		AVERAGE								
	CEDAR, WOOD, SHINGLE					GOOD		BELOW AVG	FIRE DISTRICT NAME				FIRE DIST CODE			
	EIFSCB (on cinder block)		RESIDENCE TYPE		ROOF MATERIAL				PRIMARY HEAT				SECONDARY HEAT			
	EIFSS (on studs)		X	DWELLING	Other								NONE		NONE	
				APARTMENT	DISTANCE TO TIDAL WATER											
YEAR EIFS INSTALLED:				CONDOMINIUM					DATE HEATING SYSTEM LAST SERVICED:							
USAGE TYPE				TOWNHOUSE	PURCHASE PRICE		PURCHASE DATE		WIRING				ELECTRICAL SYSTEMS			
X	PRIMARY			ROWHOUSE	\$		2012			COPPER	LAST INSPECTED DATE		X	CIRCUIT BREAKERS		
	SECONDARY			CO-OP						ALUMINUM				FUSES		
										KNOB & TUBE			NUMBER OF AMPS			
YEAR BUILT		# ROOMS		# FAMILIES	RATING CREDITS		DWELLING LOCATION		RATING				RENOVATIONS	PART	COMP	YEAR
1980				001												
MARKET VALUE		# APARTMENTS		# HOUSEHOLD RESIDENTS	NON-SMOKER		IN CITY LIMITS		CLASS				SPECIFIC			
\$					MANNED SECURITY		IN FIRE DISTRICT		FOUNDATION				NONE			
REPLACEMENT COST		# WEEKS RENTED		TAX CODE	LIGHTNING PROTECTION		IN PROT SUBURB		OPEN							
\$					OFF PREMISE THEFT EXCL				CLOSED							
TOTAL LIVING AREA		BLDG CODE GRADE					FUEL STORAGE TANK LOCATION		NONE				EXTERIOR PAINT			
SQ FT					SWIMMING POOL		NONE		X				WIND CLASS			
BASEMENT AREA		INSPECTED (Y/N):			ABOVE GROUND		INDOORS ABOVE GROUND MASONRY FLOOR						RESISTIVE			
SQ FT					IN GROUND		INDOORS ABOVE GROUND NO MASONRY FLOOR						SEMI-RESISTIVE			
GARAGE AREA		FIREPLACES (Enter # or 0 for none)			APPROVED FENCE		OUTDOORS ABOVE GROUND									
SQ FT					DIVING BOARD		OUTDOORS BELOW GROUND									
BREEZEWAY AREA		CHIMNEYS			SLIDE		FUEL LINE LOCATION						WINDSTORM			
SQ FT		HEARTH					UNDER GROUND						STORM SHUTTERS			
		PRE-FAB					THROUGH FOUNDATION						A     B			
		WOOD STOVE INSERT											HURRICANE RESISTIVE GLASS			

## LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

## PRIOR COVERAGE

**NO PRIOR COVERAGE**

PRIOR CARRIER		PRIOR POLICY NUMBER	EXPIRATION DATE
			11/16/2015

## 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:

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

**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			
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							TERR:		Y / N:			
					CODE		\$		\$			
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:			
ELECTRONIC APP IN VEHICLE	\$ TOTAL		\$ INCR	\$			TERR:		Y / N:			
GUNS	\$ TOTAL		\$ INCR	\$	CODE		\$		\$			
MONEY	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:			
SECURITIES	\$ TOTAL		\$ INCR	\$			TERR:		Y / N:			
SILVERWARE	\$ TOTAL		\$ INCR	\$	CODE		\$		\$			
					DESCRIPTION		\$		TYPE:			
							TERR:		Y / N:			

**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									