

AGENCY CUSTOMER ID:

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

INTEREST	NAME AND ADDRESS NAME: _____			EVIDENCE: _____	CERTIFICATE: _____	SEND BILL: _____	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED							LOCATION: BUILDING:
LIENHOLDER							VEHICLE: BOAT:
LOSS PAYEE							ITEM CLASS: ITEM:
MORTGAGEE							ITEM DESCRIPTION
TRUSTEE							
REFERENCE / LOAN #:							
INTEREST	NAME AND ADDRESS RANK: _____			EVIDENCE: _____	CERTIFICATE: _____	SEND BILL: _____	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED							LOCATION: BUILDING:
LIENHOLDER							VEHICLE: BOAT:
LOSS PAYEE							ITEM CLASS: ITEM:
MORTGAGEE							ITEM DESCRIPTION
TRUSTEE							
REFERENCE / LOAN #:							

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

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)	

Endorsements and Coverages

HO-4 55 Identity Fraud Expense Reimbursement Coverage
 HO-14 Enhanced Home Package
 HO-3 00 PA Special Provisions

BINDER / NOTICE OF INFORMATION PRACTICES

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 ARIZONA; BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; APPLICABLE IN COLORADO; THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUE OF THE INSURANCE POLICY; 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; APPLICABLE IN MICHIGAN; THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED, APPLICABLE IN OKLAHOMA; ALL POLICIES SHALL EXPIRE AT 12:01 AM STANDARD TIME ON THE EXPIRATION DATE STATED IN THE POLICY.

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 IN CERTAIN CIRCUMSTANCES MAY 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.)

(Aplicant's Initials: _____)
 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.)

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

BILLING ACCOUNT #:	PAYMENT PLAN	DEPOSIT AMOUNT: \$	EST TOTAL PREMIUM: \$ 155.00
BILLING	FULL PAY	PAYMENT METHOD	MAIL POLICY TO:
<input checked="" type="checkbox"/> DIRECT BILL - POLICY	Bi-Monthly	CASH	<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL - ACCT	Monthly	CHECK	<input type="checkbox"/> INSURED
<input type="checkbox"/> AGENCY BILL	Semi-Annual	CREDIT CARD	
PAYOR		PRE-AUTHORIZED DRAFT/CHECK (PAC)	

INSURED <input type="checkbox"/>	MORTGAGE <input type="checkbox"/>	PREMIUM FINANCED? <input type="checkbox"/>	FINANCE COMPANY <input type="checkbox"/>
Y/N			

RATING / UNDERWRITING LOC #: 1

CONSTRUCTION TYPE	% COURSE OF CONSTRUCTION	HOUSEKEEPING CONDITION	PROTECTION DEVICE TYPE	DISTANCE TO FIRE HYDRANT
MASONRY VENEER	BUILDERS RISK	EXCELLENT <input type="checkbox"/>	SYSTEM	1000 FT
FRAME	RENOVATION	AVERAGE <input type="checkbox"/>	SMOKE TEMP	
MASONRY	RECONSTRUCTION	BELOW AVG <input type="checkbox"/>	CENTRAL	# FIRE DIVISIONS
SIDING	OCCUPANCY	DIRECT		
ALUMINUM SIDING	OWNER %	LOCAL <input type="checkbox"/>		
STUCCO	TENANT <input checked="" type="checkbox"/>	X		
VINYL SIDING / PLASTIC	UNOCCUPIED	DOOR LOCK	SPRINKLER	1 FT
CEDAR WOOD,	VACANT	X	DEADBOLT	# UNITS FIRE DIV
SHingle	ROOF CONDITION	SPRING	PARTIAL	
EFS/SCB (on cinder block)	GOOD	FULL	FIRE EXTINGUISHER	
EFS/SS (on studs)	ROOF MATERIAL	FIRE DISTRICT NAME	PROT CLASS	Y/N
YEAR EFS INSTALLED:	DISTANCE TO TIDAL WATER	BETHLEHEM	TERRITORY	
USAGE TYPE	\$ Miles <input type="checkbox"/> Feet	PRIMARY HEAT	SECONDARY HEAT	<input type="checkbox"/>
<input checked="" type="checkbox"/> PRIMARY	PURCHASE PRICE	CENTRAL - GAS	NONE	
<input type="checkbox"/> SECONDARY	PURCHASE DATE	DATE HEATING SYSTEM LAST SERVICED:		
FARM	\$ SECURITY	WIRING	ELECTRICAL SYSTEMS	
	VISIBLE FROM <input type="checkbox"/>	COPPER	CIRCUIT BREAKERS	
	ROAD OCCUPIED DAILY	ALUMINUM	FUSES	
		KNOB & TUBE	NUMBER OF AMPS	

YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS	DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR
MARKET VALUE	# APARTMENTS	# RESIDENTS	NON-SMOKER	IN CITY LIMITS	CLASS <input type="checkbox"/>	RESISTIVE <input type="checkbox"/>			
\$			MANNED SECURITY	IN FIRE DISTRICT	FOUNDATION <input type="checkbox"/>	PLUMBING <input type="checkbox"/>			
REPLACEMENT COST	# WEEKS RENTED	TAX CODE	LIGHTNING PROTECTION	IN PROT SUBURB	OPEN <input type="checkbox"/>	HEATING <input type="checkbox"/>			
\$			OFF PREMISE THEFT EXCL	CLOSED <input type="checkbox"/>		ROOFING <input type="checkbox"/>			
TOTAL LIVING AREA	BLDG CODE GRADE			FUEL STORAGE TANK LOCATION	NONE	EXTERIOR PAINT			
SO FT	INSPECTED Y/N: <input type="checkbox"/>		SWIMMING POOL	INDOORS ABOVE GROUND MASONRY FLOOR	WIND GLASS <input type="checkbox"/>				
BASEMENT AREA	SO FT		ABOVE GROUND	INDOORS ABOVE GROUND NO MASONRY FLOOR	RESISTIVE <input type="checkbox"/>	SEMI-RESISTIVE <input type="checkbox"/>			
GARAGE AREA	SO FT		IN GROUND	OUTDOORS ABOVE GROUND					
BREEZEWAY AREA	SO FT		APPROVED FENCE	OUTDOORS BELOW GROUND					
			DIVING BOARD						
			SLIDE	FUEL LINE LOCATION					
				UNDER GROUND					
				THROUGH FOUNDATION					
LOCATION SCHEDULE				CITY	COUNTY	STATE	ZIP + 4		
LOC #	STREET			BETHLEHEM		PA	18015-3309		
1	557 RYAN ST								
PRIOR COVERAGE <input type="checkbox"/> NO PRIOR COVERAGE				PRIOR POLICY NUMBER	EXPIRATION DATE				
PRIOR CARRIER	LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY	DATA FTS AGENT (C) COMPANY		
ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION?				Y/N <input type="checkbox"/> IF YES, INDICATE BELOW	APPLICANT'S INITIALS:				

GENERAL INFORMATION [continued]

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?

7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?

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.)

GENERAL INFORMATION - RESIDENTIAL LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

1. ANY BUSINESS CONDUCTED ON PREMISES? FARMING HOME OFFICE/BUSINESS TELECOMMUTER DAY CARE # OF CHILDREN: Y N2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION: N N3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?

4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?

ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)

5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR: N N6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? 7. IS THE DWELLING / HOME FOR SALE? (no explanation required) 8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)

9. IS THERE A TRAMPOLINE ON THE PREMISES?

a. IF "YES", IS THERE A SAFETY NET? (no explanation needed) 10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY: N N11. ANY LEAD PAINT? 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: N N13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: N N14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? LIMIT: CLEANUP/SUBMIT: N N

START DATE	COMP DATE	INT %	EXT %	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
sq. ft.									

15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (1L - 15 FT) (no explanation needed) N N16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME: N N

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

EXPLAIN ALL "NO" RESPONSES

1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: N Y2. IS THERE A SECURITY ATTENDANT? 3. IS THE BUILDING ENTRANCE LOCKED? N Y

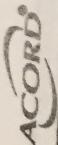
OPTIONAL COVERAGE - CHONDROBLASTIC
AGENCY CUSTOMER ID: 100-4

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

- | | | | |
|--|---------------|------------------|---------------|
| 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 DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS?
<small>(Missouri Applicants - Do not answer this question)</small> | 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 | | |



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
04/14/2016

AGENCY	CARRIER	THE TRAVELERS HOME AND MARINE INSURANCE COMPANY	NAIC CODE
HUB INT'L NORTHEAST LTD 180 RIVER RD 2ND FL SUMMIT, NJ 07901	NAMED INSURED(S)		
	BRIAN LOUGHREN		

CONTACT NAME:	PHONE LACN, No. Estl:	FAX:
E-MAIL NUMBER		

ADDRESS: CODE: OCDN72 SUBCODE: PLAN Quantum FACULTY CODE 04/15/2016 EXPIRATION DATE 04/15/2016

STATUS OF TRANSACTION	X	NEW RENEW	POLICY CHANGE EFFECTIVE DATE	TIME	AM PM	DATE AGENT LAST INSPECTED PROPERTY
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APPLICANT INFORMATION	
NAME JOHN D. DOWNS	
ADDRESS 1234 FAIRFIELD DR. SUITE 100 AUSTIN, TX 78757	
CITY, STATE, ZIP AUSTIN, TX 78757	
TELEPHONE NUMBER 512-444-1234	
E-MAIL ADDRESS JOHN.DOWNS@GMAIL.COM	
SOCIAL SECURITY NUMBER 123-45-6789	
DATE OF BIRTH 01/01/1970	
GENDER MALE	
RACE WHITE	
ETHNICITY NOT SPECIFIED	
RELIGION NOT SPECIFIED	
MARRIED NO	
PARENTS NOT SPECIFIED	
SIBLINGS NOT SPECIFIED	
EDUCATION NOT SPECIFIED	
EMPLOYMENT NOT SPECIFIED	
DRIVING LICENSE NOT SPECIFIED	
CRIMINAL RECORD NOT SPECIFIED	
POLICY CHANGE NO	
HOW LONG HAVE YOU KNOWN THE APPLICANT NOT SPECIFIED	

DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS
APPLICANT'S MAILING ADDRESS	41 CAMBRIDGE AVE	DENVERVILLE, NJ 07834
NAME (First, Middle, Last)		

JOINT / JOINT TENANT		SECONDARY E-MAIL ADDRESS:	
PRIMARY E-MAIL ADDRESS:			
* 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

PREVIOUS ADDRESS _____ **YEARS AT PREVIOUS ADDRESS (if less than three years):** _____
CONTINUE: I would like to receive information on training activities **CRIMINAL**

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 ADDRESS: _____ Check if same as Applicant

DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS / CIVIL UNION (if applicable)
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PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

(Indicate revenue or business in self-employed)

REPLACEMENT COST			
OTHER STRUCTURES	PROPERTY LOSS	REPL. COST - DWELLING	INCLUDED
\$15,000	\$	\$	\$
ACTUAL LOSS			

FD-302 (Rev. 1-25-60) FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)
*** No Applicable in North Carolina**

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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 _____ DATE 5/3/16
APPLICANT'S SIGNATURE _____
AGORD 80 (2013/09)

STATE PRODUCER LICENSE NO
(Required in Florida)
NATIONAL PRODUCER NUMBER
5/3/16