



PO Box 3199 • Winston Salem, NC 27102-3199

AWAIS SULTAN
SALIHA AWAIS
1157 W VERNON PARK PL
CHICAGO, IL 60607-3423

Payment Schedule

Date: 4/16/2018
Policy Number: **2006387589**
Insured: Awais Sultan
Company: MIC General Insurance Corporation

Payment Received:
Date Payment Received: **4/16/2018**
Payment Confirmation Number:

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07178 (09012012)



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
4/16/2018

AGENCY Progressive Specialty Insurance Agency Inc. PO Box 3199 Winston-Salem NC 27102-3199		CARRIER		NAIC CODE 38660	
CONTACT NAME: Evette Davis		NAMED INSURED(S) Awais Sultan Saliha Awais 1157 W Vernon Park Pl Chicago, IL 60607-3423			
PHONE (A/C. No. Ext):		POLICY NUMBER 2006387589			
FAX (A/C. No.):		PLAN		FACILITY CODE	EFFECTIVE DATE 4/16/2018
E-MAIL ADDRESS:		EXPIRATION DATE 4/16/2019			
CODE: 9303257	SUBCODE:				
AGENCY CUSTOMER ID:					

STATUS OF TRANSACTION

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

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) Awais Sultan			APPLICANT'S MAILING ADDRESS 1157 W Vernon Park Pl Chicago, IL 60607-3423		
DATE OF BIRTH 9/21/1978	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable) Married			
* 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:			
		CURRENT RESIDENCE <input checked="" type="checkbox"/> Check if same as mailing address <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED			
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years): _____			
		1157 W Vernon Park Pl Chicago, IL 60607-3423			
		DATE AT CURRENT RESIDENCE:			
APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER: _____		APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) Other	
				YEARS IN CURRENT OCCUPATION:	
				YEARS WITH PREVIOUS EMPLOYER:	
CO-APPLICANT'S NAME (First, Middle, Last) Saliha Awais			CO-APPLICANT'S ADDRESS <input checked="" type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH 4/21/1983	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable) Married			
* 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:			
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER: _____		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	\$ 353678	\$ 895	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 35368	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$ 247575	\$	REPL COST - CONTENTS	<input checked="" type="checkbox"/> INCLUDED	Included	\$
LOSS OF USE	ACTUAL LOSS SUSTAINED	\$ 24 Months				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 300000	\$ 0	BASE	\$ 1,000	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$ 1000	\$ 0	WIND / HAIL	\$	%	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	
HO FORM #: HO3				\$	%	

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

* Named Storm Percentage Deductible in North Carolina
** 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

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

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$ 910	
BILLING <input checked="" type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input type="checkbox"/> AGENCY BILL		PAYMENT PLAN <input type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY		PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> EFT <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
PAYOR <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE		PREMIUM FINANCED ? <input type="checkbox"/> Y/N		FINANCE COMPANY	
				MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED	

RATING / UNDERWRITING LOC #:

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO				
<input checked="" type="checkbox"/> MASONRY VENEER <input checked="" type="checkbox"/> FRAME <input type="checkbox"/> MASONRY			<input type="checkbox"/> BUILDERS RISK <input type="checkbox"/> RENOVATION <input type="checkbox"/> RECONSTRUCTION		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG		<input type="checkbox"/> SYSTEM <input type="checkbox"/> SMOKE <input type="checkbox"/> TEMP <input checked="" type="checkbox"/> BURG <input type="checkbox"/> CENTRAL <input type="checkbox"/> DIRECT <input type="checkbox"/> LOCAL				FIRE HYDRANT 0 -500 FT FIRE STATION 0-5 MI				
SIDING		%	OCCUPANCY		PLUMBING CONDITION		DOOR LOCK				SPRINKLER				
<input type="checkbox"/> ALUMINUM SIDING <input type="checkbox"/> STUCCO <input type="checkbox"/> VINYL SIDING / PLASTIC <input type="checkbox"/> CEDAR, WOOD, SHINGLE <input type="checkbox"/> EIFSCB (on cinder block) <input type="checkbox"/> EIFSS (on studs)			<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UNOCCUPIED <input type="checkbox"/> VACANT		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input type="checkbox"/> DEADBOLT <input type="checkbox"/> SPRING <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL				PROT CLASS 1 FIRE EXTINGUISHER <input type="checkbox"/> Y / N				
YEAR EIFS INSTALLED:			RESIDENCE TYPE		ROOF CONDITION		ROOF MATERIAL				FIRE DISTRICT NAME				
			<input type="checkbox"/> DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input checked="" type="checkbox"/> TOWNHOUSE <input checked="" type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG		Asphalt or Composition Shingle DISTANCE TO TIDAL WATER <input type="checkbox"/> Miles <input type="checkbox"/> Feet				Chicago FIRE DIST CODE				
USAGE TYPE					PURCHASE PRICE		PURCHASE DATE		WIRING						
<input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> SECONDARY <input type="checkbox"/> FARM					\$ SECURITY <input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS <input type="checkbox"/> OCCUPIED DAILY		2/2/2016 <input type="checkbox"/> COPPER <input type="checkbox"/> ALUMINUM <input type="checkbox"/> KNOB & TUBE		LAST INSPECTED DATE ELECTRICAL SYSTEMS <input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES NUMBER OF AMPS						
YEAR BUILT		# ROOMS	# FAMILIES	RATING CREDITS		DWELLING LOCATION		RATING		RENOVATIONS		PART	COMP	YEAR	
1984			1	<input type="checkbox"/> NON-SMOKER <input type="checkbox"/> MANNED SECURITY <input type="checkbox"/> LIGHTNING PROTECTION <input type="checkbox"/> OFF PREMISE THEFT EXCL		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> IN FIRE DISTRICT <input type="checkbox"/> IN PROT SUBURB		<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC FOUNDATION <input type="checkbox"/> NONE <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		WIRING PLUMBING HEATING ROOFING				1984 1984 1984 2014	
MARKET VALUE		# APARTMENTS	# HOUSEHOLD RESIDENTS							FUEL STORAGE TANK LOCATION					
\$										<input type="checkbox"/> NONE <input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR <input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR <input type="checkbox"/> OUTDOORS ABOVE GROUND <input type="checkbox"/> OUTDOORS BELOW GROUND					
REPLACEMENT COST		# WEEKS RENTED	TAX CODE							EXTERIOR PAINT					
\$ 353,678		0								<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE					
TOTAL LIVING AREA		BLDG CODE GRADE		SWIMMING POOL		INDOORS ABOVE GROUND MASONRY FLOOR		INDOORS ABOVE GROUND NO MASONRY FLOOR		OUTDOORS ABOVE GROUND		OUTDOORS BELOW GROUND			
1,952 SQ FT				<input type="checkbox"/> NONE <input checked="" type="checkbox"/>		<input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE		FUEL LINE LOCATION <input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION		WINDSTORM STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B HURRICANE RESISTIVE GLASS					
BASEMENT AREA		INSPECTED (Y/N):		FIREPLACES (Enter # or 0 for none)		CHIMNEYS		HEARTHES		PRE-FAB		WOOD STOVE INSERT			
SQ FT															
GARAGE AREA															
SQ FT															
BREEZEWAY AREA															
SQ FT															

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE ☐ **NO PRIOR COVERAGE** ☒

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
State Farm Group		

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 5 YEARS, AT THIS OR ANY 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	\$ 50000	LIMIT		\$ Included		
	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	\$		STRUCTURE DESC:				
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$	INCR	\$ 0	PLANTS, SHRUBS & TREES	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$
	<input checked="" type="checkbox"/>	INCLUDED	100 % REBUILD			REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$
BUS PROP AT HOME	<input checked="" 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	\$						
EARTHQUAKE	% DED		TERR:			UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	\$	INCR	\$
			RETROFIT TYPE:	\$							
	\$		MAS VENEER: %								
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$		WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/>	INCLUDED	\$5000(\$500 Ded)	LIMIT	\$ Included
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/>	INC \$	DED	\$	LIMIT	\$					
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/>	INCLUDED		\$		WATERCRAFT LIABILITY	\$			LIMIT	\$
FLOOD	\$	BLDG	\$	CONTENTS	\$	WATERCRAFT PHYSICAL DAMAGE	\$			LIMIT	\$
FUNGUS AND MOLD	<input checked="" type="checkbox"/>	EXCL LIABILITY	\$	PROPERTY	\$	WINDSTORM EXCL	<input type="checkbox"/>	YES (Not applicable in Arkansas)			\$
	<input checked="" type="checkbox"/>	EXCL PROP DAMAGE	\$	LIABILITY	\$						
GOLF CARTS - LIABILITY	<input type="checkbox"/>	INCLUDED	# GOLF CARTS:	\$		WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)				
	DESCRIPTION:						# OF EMPLOYEES:			\$	
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT	\$			COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
IDENTITY FRAUD EXP	<input checked="" type="checkbox"/>	INCLUDED	\$	LIMIT	\$ Included	CODE		\$		\$	
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>			\$		DESCRIPTION		\$		TYPE:	\$ Included
						PersInjury		TERR:		Y / N:	
INCR COV C SPECIAL LIAB LIMIT						CODE		\$		\$	
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCR	\$	DESCRIPTION		\$		TYPE:	\$
								TERR:		Y / N:	
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	\$	CODE		\$		\$	
GUNS	\$	TOTAL	\$	INCR	\$	DESCRIPTION		\$		TYPE:	\$
								TERR:		Y / N:	
MONEY	\$	TOTAL	\$	INCR	\$	CODE		\$		\$	
SECURITIES	\$	TOTAL	\$	INCR	\$	DESCRIPTION		\$		TYPE:	\$
SILVERWARE	\$	TOTAL	\$	INCR	\$			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><th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td>9999</td><td></td><td></td></tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER		9999			Y
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER						
	9999								
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	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?									

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
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				Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER <input type="checkbox"/> DAY CARE # OF CHILDREN: ____	N
2. ANY RESIDENCE EMPLOYEES? # FULL TIME:		DESCRIPTION:	# PART TIME:	DESCRIPTION:
3. 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
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:				
6. 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:				
11. 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:		LIMIT:	CLEANUP/SUBLIMIT:	
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:				
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?				
START DATE	COMP DATE	INT	EXT	ADDITION
		%	%	sq. ft.
ADD LEVEL		STRUC CHANGES		MATERIALS UNATTACHED
sq. ft.		sq. ft.		Y / N
				INCL
				EXCL
				Y / N
				\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)				
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)				
OWNER'S NAME:				

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

EXPLAIN ALL "NO" RESPONSES				Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:				PHONE (A/C,No):
2. IS THERE A SECURITY ATTENDANT?				
3. IS THE BUILDING ENTRANCE LOCKED?				

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

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Mr. Cooper ISAOA PO Box 7729 Springfield , OH 45501				LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					VEHICLE:	BOAT:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input checked="" type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/> TRUSTEE						
	REFERENCE / LOAN #:					

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					VEHICLE:	BOAT:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/> 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)	

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		<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><u>APPLICABLE IN ARIZONA:</u> BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; <u>APPLICABLE IN COLORADO:</u> THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY; <u>APPLICABLE IN MARYLAND:</u> THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; <u>APPLICABLE IN MICHIGAN:</u> 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 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.)</p> <p>(Applicant's Initials): _____</p>
EFFECTIVE DATE	EXPIRATION DATE	
4/16/2018	4/16/2019	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

☐ 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.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation).

(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado

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 Florida and Oklahoma

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 (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas

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 Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico

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	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



COUNTRYWIDE ONECHOICE SUPPLEMENTAL HOMEOWNERS APPLICATION

APPLICANTS NAME

Awais Sultan
Saliha Awais

PRODUCERS NAME

Progressive Specialty
Insurance Agency Inc.

POLICY NUMBER

2006387589

PRODUCER CODE

9303257

OPTIONAL COVERAGES AND ENDORSEMENTS SECTION

Fixed Expense Fee

Identity Fraud Expense Coverage

Personal Injury

Security Plus Elite

Water Backup

Limit: 5000

Deductible: \$500

CREDITS/DISCOUNTS

Account Discount

Burglar Alarm Discount

Multi-Policy Affinity Discount

Paid in Full Discount

ADDITIONAL HOMEOWNERS QUESTIONS

Homeowners Additional Eligibility Questions

Does the applicant conduct a home-based business on the premises which is a primary source of income and/or has frequent client traffic, or a home day care operation? No

Is the premises used for farming (other than incidental)? No

Has any prior insurance been declined, cancelled or non-renewed in the past five years for reasons other than agency termination, carrier insolvency or carrier no longer writing business in a state? No

Has the applicant had a foreclosure, repossession, judgment, lien or bankruptcy during the past five years? No

Does the applicant or any tenant own a dog or animal of the following breeds: Akita, Pit Bull Terrier, German Shephard, Rottweiler, any mix of the above breeds, or wild animals? No

Is the dwelling built on pilings, piers, wharves, jetties, or is the dwelling foundation open? No

Does the dwelling have an electrical system with knob and tube or aluminum wiring? No

Does the dwelling have a plumbing system with polybutylene, lead or galvanized steel pipes?

Is there a treehouse on the premises? No

Is there a skateboard ramp on the premises? No

Is there a trampoline on the premises? No

Is there a swimming pool on the premises without locked access or a swimming pool with a diving board 18 inches or higher above the water surface? No

Is the house for sale? No

Is the dwelling currently under construction? No

Homeowners Additional Non-Eligibility Questions

Are any ATV or Snowmobiles used by the applicant or co-applicant? No