



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:

THANK YOU FOR CHOOSING NATIONAL GENERAL INSURANCE!



HOMEOWNER APPLICATION

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

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

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> RENEW	<input type="checkbox"/> POLICY CHANGE	POLICY CHANGE EFFECTIVE DATE	TIME	AM	DATE AGENT LAST INSPECTED PROPERTY
					PM	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	PRIMARY E-MAIL ADDRESS:				
* 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 checked="" type="checkbox"/>	Check if same as mailing address <input checked="" type="checkbox"/>	OWNED <input type="checkbox"/>	RENTED <input type="checkbox"/>
PREVIOUS ADDRESS			1157 W Vernon Park Pl Chicago, IL 60607-3423				
YEARS AT PREVIOUS ADDRESS (if less than three years): _____			DATE AT CURRENT RESIDENCE:				
APPLICANT'S EMPLOYER NAME AND ADDRESS			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) Other				
YRS WITH CURRENT EMPLOYER: _____			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	PRIMARY E-MAIL ADDRESS:				
* 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	CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			YEARS IN CURRENT OCCUPATION: _____ YEARS WITH PREVIOUS EMPLOYER: _____				
YRS WITH CURRENT 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		PAYMENT PLAN		PAYMENT METHOD				MAIL POLICY TO:				
<input checked="" type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> AGENT				
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CREDIT CARD	PRE-AUTHORIZED DRAFT/CHECK (PAC)				<input type="checkbox"/> INSURED				
PAYOR <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/>				PREMIUM FINANCED ?		FINANCE COMPANY						
				Y/N								

RATING / UNDERWRITING LOC #:

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

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE **NO PRIOR COVERAGE**

PRIOR CARRIER State Farm Group	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY THE LAST <u>5</u> YEARS, AT THIS OR ANY LOCATION?		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING	Y / N <input type="checkbox"/> N	IF YES, INDICATE BELOW		APPLICANT'S INITIALS:	
LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS			CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY
						\$	
						\$	
						\$	
						\$	

AGENCY CUSTOMER ID: _____

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES: LOC #: TERR: LOC #: TERR:			\$	INFLATION GUARD	% INCREASE \$ 50000 LIMIT			\$
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES: LOC #: MED PAY (Y/N): TERR: LOC #: MED PAY (Y/N): TERR:			\$	LOSS ASSESSMENT	\$ 50000 LIMIT \$ LIMIT CONST MATERIAL: PROP DESC:			\$ Included
BUILDERS RISK THEFT BLDG MATERIALS	INCLUDED			LIMIT \$	MINE SUBSIDENCE	REQ INCR CONTENTS INCR CONT NOT REQ \$ OT. STRUCTS			\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	INCLUDED			LIMIT \$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	MED PAY (Y/N): TERR: STRUCT TYPE: BUS/STRUCT DESC:			\$
BUILDING ORD OR LAW COVERAGE	\$ AGG X INCLUDED			INCR \$ 0	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT STRUCTURE DESC:			\$
BUS PROP AT HOME	X INCLUDED			LIMIT \$	PLANTS, SHRUBS & TREES	INCLUDED \$ LIMIT			\$
BUSINESS PROP AWAY FROM HOME	INCLUDED			LIMIT \$	REFRIGERATED FOOD PRODUCTS	INCLUDED \$ LIMIT			\$
DEBRIS REMOVAL	INCLUDED			LIMIT \$	SINK HOLE COLLAPSE	INCLUDED			\$
EARTHQUAKE	% DED \$ DED			TERR: RETROFIT TYPE: MAS VENEER: %	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	INCLUDED \$ LIMIT			\$
EMPLOYERS LIAB	\$ LIMIT			# OF EMPLOYEES: \$	UNSCHEDED JEWELRY, WATCHES, FURS	\$ AGG \$ INCR			\$
EQUIP BREAKDOWN (Not applicable in NC)	INC \$ DED			LIMIT \$	WATER BACKUP OF SEWERS & DRAINS	INCLUDED \$ 5000(\$500 Ded) LIMIT			\$ Included
FIRE DEPARTMENT SERVICE CHARGE	INCLUDED			\$	WATERCRAFT LIABILITY	\$ LIMIT			\$
FLOOD	\$ BLDG			CONTENTS \$	WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT			\$
FUNGUS AND MOLD	X EXCL LIABILITY X EXCL PROP DAMAGE			PROPERTY \$	WINDSTORM EXCL	YES (Not applicable in Arkansas)			\$
GOLF CARTS - LIABILITY	INCLUDED			# GOLF CARTS: \$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY) # OF EMPLOYEES:			\$
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT			\$	CODE	OPTS \$			PREMIUM
IDENTITY FRAUD EXP	X INCLUDED			LIMIT \$ Included	DESCRIPTION	\$ \$			\$ Included
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):			\$	PersInjury	TYPE: TERR: Y/N:			
INCR COV C SPECIAL LIAB LIMIT ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL			INCR \$	CODE	\$ \$			\$
ELECTRONIC APP IN VEHICLE	\$ TOTAL			INCR \$	DESCRIPTION	TYPE: TERR: Y/N:			\$
GUNS	\$ TOTAL			INCR \$	CODE	\$ \$			\$
MONEY	\$ TOTAL			INCR \$	DESCRIPTION	TYPE: TERR: Y/N:			\$
SECURITIES	\$ TOTAL			INCR \$	CODE	\$ \$			\$
SILVERWARE	\$ TOTAL			INCR \$	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"> <tr> <td>LINE OF BUSINESS</td> <td>POLICY NUMBER</td> </tr> <tr> <td></td> <td>9999</td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER		9999	<table border="1"> <tr> <td>LINE OF BUSINESS</td> <td>POLICY NUMBER</td> </tr> <tr> <td></td> <td></td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER		
LINE OF BUSINESS	POLICY NUMBER								
	9999								
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)	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?									

AGENCY CUSTOMER ID: _____

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?																		
<table border="1"> <thead> <tr> <th>YEAR</th> <th>MAKE</th> <th>MODEL</th> <th>BODY TYPE</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>		YEAR	MAKE	MODEL	BODY TYPE													
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? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td>FARMING</td><td></td></tr><tr><td></td><td>HOME OFFICE/BUSINESS</td><td></td></tr></table>			FARMING			HOME OFFICE/BUSINESS		N				
	FARMING											
	HOME OFFICE/BUSINESS											
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?												
<table border="1"> <thead> <tr> <th>ANIMAL TYPE</th> <th>BREED</th> <th>BITE HISTORY (Y/N)</th> </tr> </thead> </table>		ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	<table border="1"> <thead> <tr> <th>ANIMAL TYPE</th> <th>BREED</th> <th>BITE HISTORY (Y/N)</th> </tr> </thead> </table>	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
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:												
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?												
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)		N										
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)		N										
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:		N										
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?												
<table border="1"> <thead> <tr> <th>START DATE</th> <th>COMP DATE</th> <th>INT %</th> <th>EXT %</th> <th>ADDITION sq. ft.</th> <th>ADD LEVEL sq. ft.</th> <th>STRUC CHANGES Y / N</th> <th>MATERIALS UNATTACHED INCL</th> <th>OCC DURING REN EXCL</th> <th>COST OF PROJECT Y / N \$</th> </tr> </thead> </table>		START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES Y / N	MATERIALS UNATTACHED INCL	OCC DURING REN EXCL	COST OF PROJECT Y / N \$	
START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES Y / N	MATERIALS UNATTACHED INCL	OCC DURING REN EXCL	COST OF PROJECT 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?		

AGENCY CUSTOMER ID: _____

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

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Mr. Cooper ISAOA PO Box 7729 Springfield , OH 45501	EVIDENCE: _____	CERTIFICATE: _____	SEND BILL: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
REFERENCE / LOAN #: _____					_____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE: _____	SEND BILL: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
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		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:		
EFFECTIVE DATE 4/16/2018	EXPIRATION DATE 4/16/2019	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.		
TIME 12:01 AM		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.		
COVERAGE IS NOT BOUND		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.		
<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.				

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.) (Applicant's Initials): _____

<input type="checkbox"/> 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.)
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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

POLICY NUMBER

2006387589

PRODUCERS NAME

Progressive Specialty

Insurance Agency Inc.

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