


<b>PRODUCER</b>  UNIVISTA LLC DBA UNIVISTA INSURANCE 5811 W FLAGLER ST. MIAMI, FL 33144		<b>CARRIER</b>		<b>NAIC CODE</b>	
<b>CONTACT NAME:</b> Lucas Menna <b>PHONE (A/C. No. Ext):</b> (305) 267-7138 <b>FAX (A/C. No):</b> (305) 728-6493 <b>E-MAIL ADDRESS:</b> LMenna@univistainsurance.com		<b>NAMED INSURED(S)</b>			
<b>CODE:</b>		<b>SUBCODE:</b>		<b>POLICY NUMBER</b>	
<b>AGENCY CUSTOMER ID:</b>		<b>PLAN</b>	<b>FACILITY CODE</b>	<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>

**STATUS OF TRANSACTION**

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

**APPLICANT INFORMATION**

<b>APPLICANT'S NAME (First, Middle, Last)</b>			<b>APPLICANT'S MAILING ADDRESS</b>		
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS / CIVIL UNION (if applicable)</b>			
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>PRIMARY E-MAIL ADDRESS:</b>			
		<b>SECONDARY E-MAIL ADDRESS:</b>			
<b>PREVIOUS ADDRESS</b>		<b>YEARS AT PREVIOUS ADDRESS (if less than three years):</b> _____		<b>CURRENT RESIDENCE</b> <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	
<b>APPLICANT'S EMPLOYER NAME AND ADDRESS</b>		<b>YRS WITH CURRENT EMPLOYER:</b> _____		<b>DATE AT CURRENT RESIDENCE:</b>	
		<b>APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b>			
		<b>YEARS IN CURRENT OCCUPATION:</b>		<b>YEARS WITH PREVIOUS EMPLOYER:</b>	
<b>CO-APPLICANT'S NAME (First, Middle, Last)</b>			<b>CO-APPLICANT'S ADDRESS</b> <input type="checkbox"/> Check if same as Applicant		
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS / CIVIL UNION (if applicable)</b>			
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>PRIMARY E-MAIL ADDRESS:</b>			
		<b>SECONDARY E-MAIL ADDRESS:</b>			
<b>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</b>		<b>YRS WITH CURRENT EMPLOYER:</b> _____		<b>CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b>	
		<b>YEARS IN CURRENT OCCUPATION:</b>		<b>YEARS WITH PREVIOUS EMPLOYER:</b>	

**COVERAGES / LIMITS OF LIABILITY LOC #:**

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$	\$				
OTHER STRUCTURES	\$	\$	REPL COST - DWELLING	<input type="checkbox"/> INCLUDED		\$
PERSONAL PROPERTY	\$	\$	REPL COST - CONTENTS	<input type="checkbox"/> INCLUDED		\$
LOSS OF USE <input type="checkbox"/> ACTUAL LOSS SUSTAINED <input type="checkbox"/>	\$	\$				
BLANKET *	\$	\$	<b>DEDUCTIBLE</b>	<b>AMOUNT</b>	<b>PERCENT</b>	<b>TYPE</b>
PERSONAL LIABILITY EA OCC	\$	\$	BASE	\$	%	CALENDAR YEAR HURRICANE
MEDICAL PAYMENTS EA PER	\$	\$	* WIND / HAIL	\$	%	\$
	\$	\$	THEFT	\$	%	\$
				\$	%	\$

\* Includes Dwelling, Other Structures, Personal Property, Loss of Use      \* For Wind / Hail losses other than those related to a hurricane.

**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

**AGENCY CUSTOMER ID:**

**PAYMENT PLAN (Attach ACORD 610 FL, Premium Payment Supplement, if additional information, including a payment authorization is required)**

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

**RATING / UNDERWRITING LOC #:**

<b>CONSTRUCTION TYPE</b>		<b>%</b>	<b>COURSE OF CONSTRUCTION</b>		<b>HOUSEKEEPING CONDITION</b>		<b>PROTECTION DEVICE TYPE</b>				<b>DISTANCE TO</b>	
<input type="checkbox"/> MASONRY VENEER			<input type="checkbox"/> BUILDERS RISK		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> SYSTEM	<input type="checkbox"/> SMOKE	<input type="checkbox"/> TEMP	<input type="checkbox"/> BURG	<b>FIRE HYDRANT</b>	<b>FIRE STATION</b>
<input type="checkbox"/> FRAME			<input type="checkbox"/> RENOVATION		<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL				FT	MI
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION		<b>PLUMBING CONDITION</b>		<input type="checkbox"/> DIRECT				<b># FIRE DIVISIONS</b>	<b># UNITS FIRE DIV</b>
<b>SIDING</b>		<b>%</b>	<b>OCCUPANCY</b>		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL				<b>DOOR LOCK</b>	<b>SPRINKLER</b>
<input type="checkbox"/> ALUMINUM SIDING			<input type="checkbox"/> OWNER		<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL			<b>PROT CLASS</b>	<b>FIRE EXTINGUISHER</b>
<input type="checkbox"/> STUCCO			<input type="checkbox"/> TENANT		ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL			<b>TERRITORY</b>	
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> UNOCCUPIED		<b>ROOF CONDITION</b>		<b>FIRE DISTRICT NAME</b>				<b>FIRE DIST CODE</b>	
<input type="checkbox"/> CEDAR, WOOD, SHINGLE			<input type="checkbox"/> VACANT		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<b>PRIMARY HEAT</b> <input type="checkbox"/> NONE				<b>SECONDARY HEAT</b> <input type="checkbox"/> NONE	
<input type="checkbox"/> EIFSCB (on cinder block)			<b>RESIDENCE TYPE</b>		<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<b>DATE HEATING SYSTEM LAST SERVICED:</b>					
<input type="checkbox"/> EIFSS (on studs)			<input type="checkbox"/> DWELLING		<b>ROOF MATERIAL</b>		<b>WIRING</b>				<b>ELECTRICAL SYSTEMS</b>	
YEAR EIFS INSTALLED:			<input type="checkbox"/> APARTMENT		<b>DISTANCE TO TIDAL WATER</b>		<input type="checkbox"/> COPPER	LAST INSPECTED DATE		<input type="checkbox"/> CIRCUIT BREAKERS		
<b>USAGE TYPE</b>			<input type="checkbox"/> CONDOMINIUM		<input type="checkbox"/> Miles <input type="checkbox"/> Feet		<input type="checkbox"/> ALUMINUM			<input type="checkbox"/> FUSES		
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL		<input type="checkbox"/> TOWNHOUSE		<b>PURCHASE PRICE</b>	<b>PURCHASE DATE</b>	<input type="checkbox"/> KNOB & TUBE			<b>NUMBER OF AMPS</b>		
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM		<input type="checkbox"/> ROWHOUSE		<b>SECURITY</b>							
			<input type="checkbox"/> CO-OP		<input type="checkbox"/> VISIBLE FROM ROAD	<input type="checkbox"/> VISIBLE TO NEIGHBORS						
					<input type="checkbox"/> OCCUPIED DAILY							

<b>YEAR BUILT</b>	<b># ROOMS</b>	<b># FAMILIES</b>	<b>RATING CREDITS</b>	<b>DWELLING LOCATION</b>	<b>RATING</b>	<b>RENOVATIONS</b>	<b>PART</b>	<b>COMP</b>	<b>YEAR</b>
			<input type="checkbox"/> NON-SMOKER	<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC	<b>WIRING</b>			
<b>MARKET VALUE</b>	<b># APARTMENTS</b>	<b># HOUSEHOLD RESIDENTS</b>	<input type="checkbox"/> MANNED SECURITY	<input type="checkbox"/> IN FIRE DISTRICT	<b>FOUNDATION</b> <input type="checkbox"/> NONE	<b>PLUMBING</b>			
<b>\$</b>			<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> IN PROT SUBURB	<input type="checkbox"/> OPEN	<b>HEATING</b>			
<b>REPLACEMENT COST</b>	<b># WEEKS RENTED</b>	<b>TAX CODE</b>	<input type="checkbox"/> OFF PREMISE THEFT EXCL		<input type="checkbox"/> CLOSED	<b>ROOFING</b>			
<b>\$</b>						<b>EXTERIOR PAINT</b>			
<b>TOTAL LIVING AREA</b>	<b>BLDG CODE GRADE</b>		<b>FUEL STORAGE TANK LOCATION</b>	<input type="checkbox"/> NONE		<b>WIND CLASS</b>			
SQ FT			<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR			<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE		
<b>BASEMENT AREA</b>	<b>INSPECTED (Y/N):</b> <input type="checkbox"/>		<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR						
SQ FT	<b>FIREPLACES (Enter # or 0 for none)</b>		<input type="checkbox"/> OUTDOORS ABOVE GROUND			<b>WINDSTORM</b> STORM SHUTTERS :			
<b>GARAGE AREA</b>	<input type="checkbox"/> CHIMNEYS		<input type="checkbox"/> OUTDOORS BELOW GROUND			<input type="checkbox"/> PROTECTION FROM WIND & DEBRIS			
SQ FT	<input type="checkbox"/> HEARTHES		<b>FUEL LINE LOCATION</b>			<input type="checkbox"/> PROTECTION FROM WIND ONLY			
<b>BREEZEWAY AREA</b>	<input type="checkbox"/> PRE-FAB		<input type="checkbox"/> UNDER GROUND						
SQ FT	<input type="checkbox"/> WOOD STOVE INSERT		<input type="checkbox"/> THROUGH FOUNDATION			(DESCRIPTION OF WIND STORM SHUTTER CLASS)			
						HURRICANE RESISTIVE GLASS			

**LOCATION SCHEDULE**

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

**PRIOR COVERAGE**

**NO PRIOR COVERAGE**

<b>PRIOR CARRIER</b>	<b>PRIOR POLICY NUMBER</b>	<b>EXPIRATION DATE</b>

ANY PROPERTY OR LIABILITY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING

**LOSS HISTORY**

THE LAST \_\_\_\_\_ 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:			\$	% INCREASE			\$	
	LOC #:	TERR:		\$	LIMIT			\$	
	LOC #:	TERR:		\$	LIMIT			\$	
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE			\$	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	PROP DESC:			\$	
	TERR:			\$	REQ INCR CONTENTS			LIMIT	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	INCR CONT NOT REQ			MED PAY (Y/N) :	
	TERR:			\$	OT. STRUCTS			TERR:	
BUILDERS RISK THEFT BLDG MATERIALS	INCLUDED		\$	LIMIT	STRUCT TYPE:			\$	
	INCLUDED		\$	LIMIT	BUS/STRUCT DESC:			\$	
	INCLUDED		\$	LIMIT	LIMIT			\$	
LAW AND ORDINANCE COVERAGE	AGG			\$	OTHER STRUCTURES - INDIVIDUAL STRUC			\$	
	INCLUDED			\$	STRUCTURE DESC:			\$	
BUS PROP AT HOME	INCLUDED		\$	LIMIT	PLANTS, SHRUBS & TREES			\$	
BUSINESS PROP AWAY FROM HOME	INCLUDED		\$	LIMIT	REFRIGERATED FOOD PRODUCTS			\$	
DEBRIS REMOVAL	INCLUDED		\$	LIMIT	SINKHOLE			\$	
EARTHQUAKE	% DED		TERR:	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE			\$	
	DED		RETROFIT TYPE:	\$	UNSCHEDULED JEWELRY, WATCHES, FURS			\$	
	\$		MAS VENEER: %	\$	AGG			INCR	
EMPLOYERS LIAB	\$		LIMIT	\$	# OF EMPLOYEES:			\$	
EQUIPMENT BREAKDOWN	INC \$		DED	\$	WATER BACKUP OF SEWERS & DRAINS			\$	
FIRE DEPARTMENT SERVICE CHARGE	INCLUDED			\$	WATERCRAFT LIABILITY			\$	
FLOOD	\$		BLDG	\$	WATERCRAFT PHYSICAL DAMAGE			\$	
FUNGUS AND MOLD	EXCL LIABILITY		\$	PROPERTY	WINDSTORM EXCL			YES	
	EXCL PROP DAMAGE		\$	LIABILITY	COVERAGE TYPE			OPTS	
GOLF CARTS - LIABILITY	INCLUDED		\$	# GOLF CARTS:	CODE			LIMIT	
	DESCRIPTION:		\$		DESCRIPTION			APPL TO	
GOLF CARTS - PHYSICAL DAMAGE	\$		LIMIT	\$	TERR:			DEDUCTIBLE	
IDENTITY FRAUD EXP	INCLUDED		\$	LIMIT	CODE			PREMIUM	
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):		\$		DESCRIPTION			\$	
INCR COV C SPECIAL LIAB LIMIT	\$		TOTAL	\$	TERR:			Y / N:	
	\$		INCR	\$	CODE			\$	
ELECTRONIC APP IN AND OUT OF VEHICLE	\$		TOTAL	\$	DESCRIPTION			TYPE:	
ELECTRONIC APP IN VEHICLE	\$		TOTAL	\$	TERR:			Y / N:	
GUNS	\$		TOTAL	\$	CODE			\$	
MONEY	\$		TOTAL	\$	DESCRIPTION			TYPE:	
SECURITIES	\$		TOTAL	\$	TERR:			Y / N:	
SILVERWARE	\$		TOTAL	\$	CODE			\$	
	\$		INCR	\$	DESCRIPTION			TYPE:	
	\$		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></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?							
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 (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, 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 ?				

**GENERAL INFORMATION - RESIDENTIAL LOC #: 1**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N						
1. ANY BUSINESS CONDUCTED ON THE RESIDENCE?	<input type="checkbox"/>	FARMING	<input type="checkbox"/>	TELECOMMUTER	<input type="checkbox"/>	DAY CARE # OF CHILDREN: ____				
		HOME OFFICE/BUSINESS								
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION:										
3. TO THE BEST OF YOUR KNOWLEDGE, ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?										
4. ARE THERE ANY ANIMALS KEPT AT THE RESIDENCE?										
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. TO THE BEST OF YOUR KNOWLEDGE, ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?										
7. TO THE BEST OF YOUR KNOWLEDGE, 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. TO THE BEST OF YOUR KNOWLEDGE, ANY LEAD PAINT?										
12. TO THE BEST OF YOUR KNOWLEDGE, 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. THIS QUESTION IS APPLICABLE IF THE APPLICANT IS A GENERAL CONTRACTOR. IF BUILDING IS UNDER CONSTRUCTION, PROVIDE THE FOLLOWING INFORMATION:										
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED		OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL		<input type="checkbox"/> 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?										
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)**

<b>INTEREST</b>		<b>RANK OF INTEREST:</b> 1	<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> ADDITIONAL INSURED	<b>NAME AND ADDRESS</b>					<b>LOCATION:</b>	<b>BUILDING:</b>
<input type="checkbox"/> LIENHOLDER						<b>VEHICLE:</b>	<b>BOAT:</b>
<input type="checkbox"/> LOSS PAYEE						<b>ITEM CLASS:</b>	<b>ITEM:</b>
<input type="checkbox"/> MORTGAGEE						<b>ITEM DESCRIPTION</b>	
<input type="checkbox"/> TRUSTEE							
<b>REFERENCE / LOAN #:</b>							

<b>INTEREST</b>		<b>RANK OF INTEREST:</b> 2	<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> ADDITIONAL INSURED	<b>NAME AND ADDRESS</b>					<b>LOCATION:</b>	<b>BUILDING:</b>
<input type="checkbox"/> LIENHOLDER						<b>VEHICLE:</b>	<b>BOAT:</b>
<input type="checkbox"/> LOSS PAYEE						<b>ITEM CLASS:</b>	<b>ITEM:</b>
<input type="checkbox"/> MORTGAGEE						<b>ITEM DESCRIPTION</b>	
<input type="checkbox"/> TRUSTEE							
<b>REFERENCE / LOAN #:</b>							

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

<input type="checkbox"/> EARTHQUAKE APPLICATION	<input type="checkbox"/> PERSONAL INLAND MARINE SECTION	<input type="checkbox"/> REPLACEMENT COST ESTIMATE	<input type="checkbox"/> WATERCRAFT SECTION
<input type="checkbox"/> FLOOD EXCLUSION NOTICE	<input type="checkbox"/> PERS UMBRELLA APPLICATION SECTION	<input type="checkbox"/> RESIDENCE BASED BUSINESS SUPP	<input type="checkbox"/> WINDSTORM LOSS MITIGATION
<input type="checkbox"/> LEAD FREE PAINT CERTIFICATION	<input type="checkbox"/> PHOTOGRAPH	<input type="checkbox"/> SOLID FUEL SUPPLEMENT	
<input type="checkbox"/> MOBILE HOME SUPPLEMENT	<input type="checkbox"/> PROTECTION DEVICE CERTIFICATE	<input type="checkbox"/> STATE SUPPLEMENT(S) (If applicable)	

**BINDER / NOTICE OF INFORMATION PRACTICES**

<b>INSURANCE BINDER</b>		<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>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. (Applicant's Initials): _____</p>
<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>	
<b>TIME</b>	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant.

**FLORIDA LAW REQUIRES THAT YOU BE ADVISED THAT A CREDIT REPORT OR SCORE IS BEING REQUESTED FOR UNDERWRITING OR RATING PURPOSES. FLORIDA LAW ALSO REQUIRES THAT WE PROVIDE YOU THE FOLLOWING NOTICE:**  
**THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE-RELATED QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE, VISIT [WWW.MYFLORIDACFO.COM](http://WWW.MYFLORIDACFO.COM).**

**SIGNATURE**

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.			
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I 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)	
APPLICANT'S SIGNATURE		DATE	STATE PRODUCER LICENSE NO (Required in Florida)
			NATIONAL PRODUCER NUMBER