

PRODUCER
UniVista LLC DBA UniVista Insurance
5811 W Flagler St
Miami, FL 33144



CARRIER

NAIC CODE

NAMED INSURED(S)

CONTACT NAME: Lucas Menna
PHONE (A/C. No. Ext): (305) 267-7138
FAX (A/C. No.): (305) 728-6493
E-MAIL ADDRESS: LMenna@univistainsurance.com

POLICY NUMBER

CODE: SUBCODE:

PLAN

FACILITY CODE

EFFECTIVE DATE

EXPIRATION DATE

AGENCY CUSTOMER ID:

STATUS OF TRANSACTION

<input type="checkbox"/> NEW	<input type="checkbox"/> POLICY CHANGE EFFECTIVE DATE	<input type="checkbox"/> 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)			APPLICANT'S MAILING ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS / CIVIL UNION (if applicable)			
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	PRIMARY E-MAIL ADDRESS:			
		SECONDARY E-MAIL ADDRESS:			
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years):		CURRENT RESIDENCE	Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED
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 NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS / CIVIL UNION (if applicable)			
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 EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER:		PRIMARY E-MAIL ADDRESS:	
				SECONDARY E-MAIL ADDRESS:	
				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	\$	\$				
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 *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
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
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AGENCY CUSTOMER ID:

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

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING <input 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"/> BI-MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> <input type="checkbox"/> QUARTERLY		PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> EFT <input type="checkbox"/> CHECK <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
PAYOR <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>		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 type="checkbox"/> MASONRY VENEER <input 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"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG	<input type="checkbox"/> SYSTEM <input type="checkbox"/> CENTRAL <input type="checkbox"/> DIRECT <input type="checkbox"/> LOCAL	<input type="checkbox"/> SMOKE <input type="checkbox"/> TEMP <input type="checkbox"/> BURG			FIRE HYDRANT _____ FT	FIRE STATION _____ MI		
				PLUMBING CONDITION						# FIRE DIVISIONS	# UNITS FIRE DIV	
				<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>								
SIDING		%	OCCUPANCY			DOOR LOCK				SPRINKLER	PROT CLASS	FIRE EXTINGUISHER
<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 type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UNOCCUPIED <input type="checkbox"/> VACANT			<input type="checkbox"/> DEADBOLT <input type="checkbox"/> SPRING				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL		<input type="checkbox"/> Y / N
				ROOF CONDITION						TERRITORY		
				<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG								
			RESIDENCE TYPE	ROOF MATERIAL		FIRE DISTRICT NAME				FIRE DIST CODE		
			<input type="checkbox"/> DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP									
YEAR EIFS INSTALLED:				DISTANCE TO TIDAL WATER		PRIMARY HEAT				SECONDARY HEAT		
				<input type="checkbox"/> Miles <input type="checkbox"/> Feet		<input type="checkbox"/> NONE <input type="checkbox"/> NONE				<input type="checkbox"/> NONE <input type="checkbox"/> NONE		
USAGE TYPE				PURCHASE PRICE		PURCHASE DATE				DATE HEATING SYSTEM LAST SERVICED:		
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> SECONDARY <input type="checkbox"/> FARM				\$								
				SECURITY		WIRING				ELECTRICAL SYSTEMS		
				<input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS <input type="checkbox"/> OCCUPIED DAILY		<input type="checkbox"/> COPPER <input type="checkbox"/> ALUMINUM <input type="checkbox"/> KNOB & TUBE LAST INSPECTED DATE _____				<input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES NUMBER OF AMPS _____		

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE ☐ **NO PRIOR COVERAGE** ☐

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

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:			\$	INFLATION GUARD	% INCREASE			\$		
	LOC #:	TERR:		\$	LOSS ASSESSMENT	LIMIT			\$		
	LOC #:	TERR:		\$		\$	LIMIT	CONST MATERIAL:			
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	\$ LIMIT				
	TERR:					INCR CONT NOT REQ	MED PAY (Y/N) :				
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		\$ OT. STRUCTS		TERR:	\$		
	TERR:					STRUCT TYPE:					
				BUS/STRUCT DESC:							
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT		\$		
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$		STRUCTURE DESC:				
LAW AND ORDINANCE COVERAGE	<input type="checkbox"/>	INCLUDED		\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	
BUS PROP AT HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	SINKHOLE	<input type="checkbox"/>	INCLUDED		\$	
DEBRIS REMOVAL	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$
EARTHQUAKE	% DED		TERR:		UNSCHEDULED JEWELRY, WATCHES, FURS	\$ AGG		\$	INCR	\$	
	DED		RETROFIT TYPE:								
			MAS VENEER: %								
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	
EQUIPMENT BREAKDOWN	<input type="checkbox"/>	INC \$	DED	\$	LIMIT	\$	WATERCRAFT LIABILITY	\$ LIMIT		\$	
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/>	INCLUDED		\$	WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT			\$		
FLOOD	\$	BLDG	\$	CONTENTS	\$	WINDSTORM EXCL	<input type="checkbox"/>	YES		\$	
FUNGUS AND MOLD	<input type="checkbox"/>	EXCL LIABILITY	\$	PROPERTY	\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
	<input type="checkbox"/>	EXCL PROP DAMAGE	\$	LIABILITY	\$	CODE		\$		\$	
GOLF CARTS - LIABILITY	<input type="checkbox"/>	INCLUDED	# GOLF CARTS:	\$	DESCRIPTION		\$		TYPE:	\$	
GOLF CARTS - PHYSICAL DAMAGE	DESCRIPTION:						TERR:		Y / N:		
	\$	LIMIT		\$	CODE		\$		\$		
IDENTITY FRAUD EXP	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	DESCRIPTION		\$		TYPE:	\$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>			\$			TERR:		Y / N:		
INCR COV C SPECIAL LIAB LIMIT					CODE		\$		\$		
	\$	TOTAL	\$	INCR	\$	DESCRIPTION		\$		TYPE:	\$
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCR	\$		TERR:		Y / N:		
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	\$	CODE		\$		\$	
GUNS	\$	TOTAL	\$	INCR	\$	DESCRIPTION		\$		TYPE:	\$
MONEY	\$	TOTAL	\$	INCR	\$		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"> <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></td> <td></td> <td></td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
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"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER <input type="checkbox"/> DAY CARE # OF CHILDREN: ____	
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
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
		%	%	sq. ft.
ADD LEVEL		STRUC CHANGES		MATERIALS UNATTACHED
sq. ft.		<input type="checkbox"/> Y / N		<input type="checkbox"/> INCL <input type="checkbox"/> EXCL
OCC DURING REN		COST OF PROJECT		
<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)

INTEREST	RANK OF INTEREST: <u>1</u>	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<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				LOCATION:	BUILDING:
					VEHICLE:	BOAT:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

INTEREST	RANK OF INTEREST: <u>2</u>	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<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				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

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURANCE BINDER</th> </tr> <tr> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>TIME</td> <td>12:01 AM NOON</td> </tr> <tr> <td colspan="2">COVERAGE IS NOT BOUND</td> </tr> </table>	INSURANCE BINDER		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM NOON	COVERAGE IS NOT BOUND		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>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> <p><input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant.</p>
INSURANCE BINDER									
EFFECTIVE DATE	EXPIRATION DATE								
TIME	12:01 AM NOON								
COVERAGE IS NOT BOUND									

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.

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