

PRODUCER Univista LLC 5811 West Flagler St. Miami FL 33144		CARRIER		NAIC CODE	
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		NAMED INSURED(S)			
CODE: SUBCODE:		POLICY NUMBER			
AGENCY CUSTOMER ID:		PLAN	FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE

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 <input type="checkbox"/>	<input type="checkbox"/> 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	PRIMARY E-MAIL ADDRESS:			
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YRS WITH CURRENT EMPLOYER: _____		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	\$	%	\$
				\$	%	\$
HO FORM #:						
* 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)

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

RATING / UNDERWRITING LOC #:

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

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

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE

NO PRIOR COVERAGE

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	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
LAW AND ORDINANCE COVERAGE	<input type="checkbox"/> INCLUDED		\$		REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
BUS PROP AT HOME	INCLUDED		\$ LIMIT	\$	SINKHOLE	<input type="checkbox"/> INCLUDED		\$	\$	
BUSINESS PROP AWAY FROM HOME	INCLUDED		\$ LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
DEBRIS REMOVAL	INCLUDED		\$ LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$ AGG		\$ INCR	\$	
EARTHQUAKE	% DED		TERR:		WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	
	DED		RETROFIT TYPE:			WATERCRAFT LIABILITY	\$ LIMIT			\$
	\$		MAS VENEER: %				WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT		
EMPLOYERS LIAB	\$ LIMIT		# OF EMPLOYEES:	\$	WINDSTORM EXCL	YES		\$	\$	
EQUIPMENT BREAKDOWN	<input type="checkbox"/> INC \$ DED		\$ LIMIT	\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$		CODE		\$		\$	
FLOOD	\$ BLDG		\$ CONTENTS	\$	DESCRIPTION		\$		TYPE:	\$
FUNGUS AND MOLD	EXCL LIABILITY		\$ PROPERTY	\$			\$		Y / N:	
	EXCL PROP DAMAGE		\$ LIABILITY	\$	CODE		\$		\$	
GOLF CARTS - LIABILITY	INCLUDED		# GOLF CARTS:	\$	DESCRIPTION		\$		TYPE:	\$
	DESCRIPTION:						\$		Y / N:	
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT		\$	\$	CODE		\$		\$	
IDENTITY FRAUD EXP	INCLUDED		\$ LIMIT	\$	DESCRIPTION		\$		TYPE:	\$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>		\$				\$		Y / N:	
INCR COV C SPECIAL LIAB LIMIT					CODE		\$		\$	
					DESCRIPTION		\$		TYPE:	\$
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL		\$ INCR	\$			\$		Y / N:	
ELECTRONIC APP IN VEHICLE	\$ TOTAL		\$ INCR	\$	CODE		\$		\$	
GUNS	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$
MONEY	\$ TOTAL		\$ INCR	\$			\$		Y / N:	
SECURITIES	\$ TOTAL		\$ INCR	\$	CODE		\$		\$	
SILVERWARE	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$
							\$		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?							

Y / N

15 JULY 2004

1000

1007

Y / N

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100

100

100000

[illegible]

1550

100

15 JULY 2004

111

100

100

15 JULY 2004

100

the authors are not aware of any other studies that have examined the effects of the use of a single, non-validated, self-report measure of perceived effort on the relationship between perceived effort and the other variables examined in this study.

100

1150

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1

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100

Y / N

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

INTEREST	RANK OF INTEREST: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	NAME AND ADDRESS				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 #:						

INTEREST	RANK OF INTEREST: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	NAME AND ADDRESS				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)

<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

<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"><input type="checkbox"/> COVERAGE IS NOT BOUND</td> </tr> </table>	INSURANCE BINDER		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM NOON	<input type="checkbox"/> 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								
<input type="checkbox"/> 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

<p>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.</p>			
<p>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.</p>			
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER	